

**AMENDED AGENDA  
CITY COUNCIL  
DECEMBER 1, 2015**

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**NOTICE:**

**DECEMBER 1, 2015**

|                       |   |
|-----------------------|---|
| <b>5:00-5:15 P.M.</b> | <b>FINANCE COMMITTEE MEETING</b>              |
| <b>5:15-5:30 P.M.</b> | <b>ECONOMIC DEVELOPMENT AND NEGOTIATIONS</b>  |
| <b>5:45-6:00 P.M.</b> | <b>PUBLIC WORKS COMMITTEE MEETING</b>         |
| <b>6:00-6:15 P.M.</b> | <b>WASTEWATER TREATMENT COMMITTEE MEETING</b> |
| <b>6:15-7:00 P.M.</b> | <b>INSURANCE COMMITTEE MEETING</b>            |

**TOWNSHIP MEETING  
DECEMBER 1, 2015**

- 1. PRAYER-**
- 2. PLEDGE OF ALLEGIANCE**
- 3. ROLL CALL**
- 4. TOWNBOARD MINUTES- NOVEMBER 17, 2015**
- 5. PRESENTATION OF COMMUNICATIONS:**
- 6. FINANCE: RON SIMPSON, CHAIRMAN**
  - A. BILL LIST- DECEMBER 1, 2015**

**CITY COUNCIL MEETING  
DECEMBER 1, 2015**

- 1. ROLL CALL**
- 2. CITY COUNCIL MINUTES- NOVEMBER 17, 2015**
- 3. PRESENTATION OF COMMUNICATION**
  - 1. APPLICATION TO ADDRESS THE COUNCIL**
    - A.**
- 4. REMARKS BY MAYOR**
- 5. REPORT OF STANDING COMMITTEES:**

**DOWNTOWN: NIKKI PETRILLO, CHAIRMAN (CITY HALL & BUILDINGS)**

**A.**

**PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN**

- A. AGENDA BOARD OF APPEALS- DECEMBER 2, 2015**
- B. AGENDA PLAN COMMISSION MEETING-DECEMBER 3, 2015**

**LEGAL AND LEGISLATIVE: BOB PICKERELL, CHAIRMAN (CABLE TV, ORDINANCE)**

- A. AN ORDINANCE TO AMEND ORDINANCES 8210 AND 8391 AND TO AMEND GRANITE CITY MUNICIPAL CODE 5.04.070(F), REGARDING A CLASS OF LIQUOR LICENSES FOR LARGE DEPARTMENT STORE RETAILERS**

**PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)**

- A. AN ORDINANCE REMOVING AND REPEALING ORDINANCE 8226, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2256 LEE AVENUE**
- B. AN ORDINANCE REMOVING AND REPEALING ORDINANCE 4841, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2254 LEE AVENUE**
- C. AN ORDINANCE REMOVING AND REPEALING ORDINANCE 7985, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2712 W. 22<sup>ND</sup> STREET**

**POLICE COMMITTEE: TIM ELLIOTT, CHAIRMAN**

- A. MONTHLY REPORT FOR OCTOBER 2015**

**FIRE: WALMER SCHMIDTKE, CHAIRMAN**

- A.**

**WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN**

- A.**

**INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN**

- A. WORKER'S COMPENSATION, LIABILITY, PROPERTY REPORTS - 11/1/15**
- B. RESOLUTION TO RENEW LIABILITY, PROPERTY, WORKERS COMPENSATION, EARTHQUAKE, AND ERRORS AND OMISSIONS PROFESSIONAL INSURANCE COVERAGE IN 2016**

- C. A RESOLUTION TO ENTER INTO A THIRD PARTY ADMINISTRATOR SERVICES AGREEMENT WITH CORPORATE CLAIMS MANAGEMENT, INC., CONCERNING WORKERS COMPENSATION AND LIABILITY CLAIMS**
- D. RESOLUTION TO RENEW EMPLOYEE HEALTH INSURANCE COVERAGE IN 2016, WITH BLUE CROSS/BLUE SHIELD**

**ECONOMIC DEVELOPMENT AND NEGOTIATIONS: PAUL JACKSTADT, CHAIRMAN**

- A. SECOND RESOLUTION APPROVING CERTAIN EXPENSES OF BELLEMORE VILLAGE BUSINESS DISTRICT AS ELIGIBLE FOR REIMBURSEMENT**
- B. A RESOLUTION AUTHORIZING THE OFFICE OF THE TREASURER TO COMPROMISE LIENS AGAINST 2532 CIRCLE DRIVE**

**FINANCE: RON SIMPSON, CHAIRMAN**

- A. AN ORDINANCE MAKING A TAX LEVY FOR THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, FOR THE FISCAL YEAR BEGINNING MAY 1, 2015 AND ENDING APRIL 30, 2016 (FY2015)**
- B. RESOLUTION TO APPROVE AGREEMENT FOR ENGINEERING AND SURVEY SERVICES FOR THE WASTE WATER TREATMENT PLANT NPDES PERMIT CONDITION 17**
- C. BILL LIST-NOVEMBER 30, 2015**
- D. PAYROLL-NOVEMBER 30, 2015**

**Report of Officers**  
**Unfinished Business**  
**New Business**

**ADJOURNMENT**

**CITY COUNCIL  
MINUTES  
NOVEMBER 17, 2015**

**Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:04 p.m.**

**ATTENDANCE ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell, Elliott, Clerk Whitaker and Mayor Hagnauer were present.**

**MOTION By Simpson, second by Petrillo to approve the minutes from the City Council Meeting on November 3, 2015. ALL VOTED YES. Motion carried.**

**MAYOR APPOINTS to the Board of Appeals-Barb Hawkins.**

**MOTION By McDowell, second by Elliott to concur with the appointment of Barb Hawkins to the Board of Appeals. ALL VOTED YES. Motion carried.**

**MAYOR APPOINTS to the Board of Appeals-Dave Czerny.**

**MOTION By Simpson, second by Jackstadt to concur with the appointment of Dave Czerny to the Board of Appeals. ALL VOTED YES. Motion carried.**

**MAYOR APPOINTS to the Board of Appeals-Cheri Petrillo.**

**MOTION By McDowell, second by Elliott to concur with the appointment of Cheri Petrillo to the Board of Appeals.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott voted yes. Petrillo abstained. Motion carried.**

**MOTION By McDowell, second by Elliott to place on file the Building & Zoning Department Monthly Report for October 2015. ALL VOTED YES. Motion carried. VOTED YES. Motion carried.**

**MOTION By McDowell, second by Simpson to place on file the Graphic Review Board Minutes for November 5, 2015. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Elliott to concur with the Graphic Review Board and deny the request for a Pole Sign at 3102 Nameoki Rd.**

**ROLL CALL: McDowell, Schmidtke, Simpson, Jackstadt, Williams and Pickerell voted yes to deny and Davis, Thompson, Petrillo and Elliott voted no. MOTION CARRIED to Deny Request.**

**MOTION By McDowell, second by Elliott to require a surety bond for the removal of existing pole sign at 3102 Nameoki Rd.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Thompson to approve a request for a curb cut at 3031 Warren. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Elliott to suspend the rules and placed on the Agenda an item regarding Veggie stands.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Elliott to deny the approval for the Veggie Stands.**

**ROLL CALL: McDowell, Schmidtke, Simpson, Jackstadt, Williams and Pickerell voted yes to deny and Davis, Thompson, Petrillo and Elliott voted no. MOTION CARRIED to Deny Request.**

**MOTION By Pickerell, second by Davis to approve a Resolution opposing extension of trade policies.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Schmidtke to suspend the rules and place on final passage an Ordinance removing and repealing Ordinance 4800, and its designation of a handicap parking space at 2119 State Street.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Pickerell to suspend the rules and place on final passage an Ordinance removing and repealing the designation of a handicap parking space at 2237 Lee Ave.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Jackstadt to suspend the rules and place on final passage an Ordinance an Ordinance to declare surplus four pieces of equipment from the Public Works Department.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Petrillo to place on file the Public Works Committee Minutes from November 3, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Elliott, second by McDowell to suspend the rules and place on final passage the rules and place on final passage an Ordinance to authorize an Intergovernmental Agreement with the City of Madison, Concerning the Granite City Jail and 911 Services as amended.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Schmidtke, second by Davis to place on file the Granite City Fire Department Monthly Report for October 2015. ALL VOTED YES. Motion carried.**

**MOTION By Jackstadt, second by Petrillo to forgive the liens as requested at 2532 Circle Dr. by Mr. & Mrs. Lee Avants.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Jackstadt, second by Thompson to suspend the rules and place on final passage an Ordinance declaring certain real estate surplus and directing sale for property located at 1930 Cleveland to the only bidder.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Jackstadt, second by Simpson to place on file the Industrial Search Committee Minutes from November 3, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Jackstadt to suspend the rules and place on final passage an Ordinance to amend Ordinance 8499, the Budget and Appropriation Ordinance.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Petrillo to refer back to committee the Ordinance making a Tax Levy for the City of Granite City, Madison County, Illinois for the Fiscal Year Beginning May 1, 2015 and ending April 30, 2015 (FY2015) . ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Elliott to approve the Payroll for the period ending November 15, 2015 in the amount of \$625,289.96.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by McDowell to place on file the Joint Finance and Fire Committee Minutes from November 3, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Jackstadt to suspend the rules and place on final passage an Ordinance reaffirming a Resolution authorizing City of Granite City to use the proceeds of a Madison County Infrastructure Loan for the purchase of a Fire Truck.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by McDowell to suspend the rules and place on final passage an Ordinance reaffirming a Resolution to accept a \$300,000 Infrastructure Loan for Downtown Improvements**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:22 p.m. Motion carried.**

**MEETING ADJOURNED**

**ATTEST  
JUDY WHITAKER  
CITY CLERK**





# *City of Granite City*

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

## ***A G E N D A*** ***Board of Appeals*** ***December 2, 2015***

A regularly scheduled meeting of the Board of Appeals will be held on Wednesday, December 2, 2015, at 7:00 PM, in the Second Floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

- 1). Call to Order
- 2). Comments by the Chairman
- 3). Swear In
- 4). Roll Call
- 5). Approval of Minutes/Agenda

6). **PETITIONER (1):** **Charles R Thomas**  
**2745 Ralph**  
**Parcel # 22-2-20-17-09-106-031**

Petition request a zero (0) side property setback variance to allow for a new construction 24 ft x 24 ft detached garage. District Zoned R-3..

- 8). New Business
- 9). Unfinished Business
- 10). Adjournment

Copies: Mayor and Council Members  
City Clerk for Posting  
Members of the Board of Appeals



# *City of Granite City*

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

## **AGENDA PLAN COMMISSION Meeting December 3, 2015**

A meeting of the Plan Commission will be held on Thursday, December 3, 2015 at 7:00 PM, in the Second Floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

1). Pledge of Allegiance & Swear In

2). Roll Call - Comments

3). Approval of Minutes & Agenda

4). Council Report

5). PETITIONER: (1) Premier Civil Engineering  
CVS Store  
3319 Nameoki Rd.  
Parcel ID #  
District Zoned C-5 Highway Commercial District

Requesting a Preliminary and Final Plat Review for the purpose of establishing a CVS Store and Drive Through.

PETITIONER: (2) Steve Vaughn  
d/b/a: Vaughn Auto Repair  
1221 W. Pontoon Rd.  
Parcel ID # 18-1-14-29-00-000-011.001  
District Zoned R-2 Single Family Residential District

Request Special Use Permit for business to operate an Automotive Repair Shop.  
Zoned R-2 Single Family Residential District.

6). New Business

7). Unfinished Business

**8). Adjournment**

**Copies: Mayor & City Council  
City Clerk / Posting  
Member of Plan Commission**

ORDINANCE #

AN ORDINANCE TO AMEND ORDINANCES 8210 AND 8391 AND TO AMEND  
GRANITE CITY MUNICIPAL CODE 5.04.070(F), REGARDING A CLASS OF LIQUOR  
LICENSES FOR LARGE DEPARTMENT STORE RETAILERS

WHEREAS, the City of Granite City is a home rule unit pursuant to article seven, section six, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City regulates and issues liquor licenses pursuant to Granite City Municipal Code section 5.04.010, et seq.; and

WHEREAS, the Granite City City Council determines that for the development of shopping and retail business, and for the convenience of the citizens of Granite City generally, businesses whose primary purpose is the sale of diverse goods in one very large location, such as large department stores and large pharmacies, should not be bound by the same geographic limitations as taverns, package liquor stores, convenience stores, gasoline stations, and other retailers of alcoholic beverages; and

WHEREAS, the Granite City City Council further finds it will promote economic development and create new jobs in Granite City, to reduce the minimum size of businesses qualifying for Class D package liquor licenses, to allow reputable businesses such as large, State licensed pharmacies to hold Class D package liquor licenses.

Now, therefore, be it ordained and decreed by the City Council of the City of Granite City, Illinois, as follows:

1. Granite City Municipal Code section 5.04.070(F) and Ordinance 8210, are hereby amended to revise said sub-paragraph "F", to read as follows:

(F) Licenses which may be issued under this chapter include Class D licenses, which shall authorize the retail sale, on the premises specified in the license, of packaged alcoholic liquor . All sales shall be for consumption off the premises. The annual fee

for such license shall be \$1,200.00. To be eligible for a Class D liquor license, the applicant business must demonstrate to the satisfaction of the Liquor Commissioner that less than one and three-fourths percent (1.75%) of the total square footage of the Applicant's building interior, are devoted to the sale of alcoholic liquor, and that less than ten percent (10%) of the Applicant's gross annual retail sales result from the sale of alcoholic liquor. In addition, to be eligible for a Class D liquor license the Applicant must provide sufficient documentation to the Liquor Commissioner that the Applicant owns or holds exclusive possession by rental agreement or otherwise, of at least 10,000 (ten thousand) square feet of indoor store space in the one location where the applicant proposes to sell alcoholic liquor. No more than ten Class D liquor licenses shall be issued and outstanding at any one time.

2. This Ordinance shall take effect thirty days after passage, and may be published in pamphlet form by the City Clerk. Ordinances 8210 and 8391, adopted October 15, 2013, are hereby amended to conform to this Ordinance.

Passed this \_\_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST:

\_\_\_\_\_  
City Clerk, Judy Whitaker  
85162.1

ORDINANCE NO.  
AN ORDINANCE REMOVING AND REPEALING ORDINANCE 8226, AND ITS  
DESIGNATION OF A HANDICAP PARKING SPACE AT 2256 LEE AVENUE

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2256 Lee Avenue**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that any Ordinance designating a vehicle parking space located at **2256 Lee Avenue** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2256 Lee Avenue** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 8226, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this \_\_\_\_ day of December, 2015.

\_\_\_\_\_  
MAYOR Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, CITY CLERK

59297.9

ORDINANCE NO. \_\_\_\_\_  
AN ORDINANCE REMOVING AND REPEALING ORDINANCE 4841, AND ITS  
DESIGNATION OF A HANDICAP PARKING SPACE AT 2254 LEE AVENUE

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2254 Lee Avenue**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that any Ordinance designating a vehicle parking space located at **2254 Lee Avenue** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2254 Lee Avenue** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 4841, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this \_\_\_\_ day of December, 2015.

\_\_\_\_\_  
MAYOR Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, CITY CLERK

**ORDINANCE NO. \_\_\_\_\_**  
**AN ORDINANCE REMOVING AND REPEALING ORDINANCE 7985, AND ITS**  
**DESIGNATION OF A HANDICAP PARKING SPACE AT 2712 W. 22ND STREET**

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2712 W. 22nd Street**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that Ordinance 7985 designating a vehicle parking space located at **2712 W. 22nd Street** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2712 W. 22nd Street** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 7985, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this \_\_\_\_ day of November, 2015.

\_\_\_\_\_  
MAYOR Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, CITY CLERK  
59297.7



# Call For Service By Call Type Report



JUDY J. WHITAKER  
RECEIVED  
NOV 19 2015  
CITY CLERK'S OFFICE  
GRANITE CITY, IL

Print Date/Time: 11/18/2015 15:07  
Login ID: tpaul  
Layer: All  
Areas: All

From Date: 10/01/2015 00:00(Continuous)  
To Date: 10/31/2015 23:59  
Agency Type: Police, Fire, EMS

| CALL FOR SERVICE TYPE | CALLS FOR SERVICE | PERCENT OF TOTAL |
|-----------------------|-------------------|------------------|
| 911 Abandoned         | 297               | 9.05             |
| 911 Emergency         | 184               | 5.61             |
| 911 Misuse            | 259               | 7.89             |
| 911 Transfer          | 135               | 4.11             |
| Alarm                 | 92                | 2.8              |
| Animal                | 34                | 1.04             |
| Arrest on Warrant     | 55                | 1.68             |
| Arson                 | 1                 | 0.03             |
| Assault               | 1                 | 0.03             |
| Assist Other Agency   | 13                | 0.4              |
| Battery               | 13                | 0.4              |
| Burglary              | 84                | 2.56             |
| Child Custody         | 7                 | 0.21             |
| Civil Problem         | 17                | 0.52             |
| Criminal Damage       | 29                | 0.88             |
| Death                 | 2                 | 0.06             |
| Deceptive Practice    | 14                | 0.43             |
| Disturbance           | 80                | 2.44             |
| Dog Bite              | 2                 | 0.06             |
| Domestic              | 62                | 1.89             |
| Domestic Battery      | 4                 | 0.12             |
| Drug Activity         | 15                | 0.46             |
| Dumping               | 3                 | 0.09             |
| Duty Roster           | 58                | 1.77             |
| EMS                   | 375               | 11.43            |
| Escort                | 6                 | 0.18             |

# Call For Service By Call Type Report



Print Date/Time: 11/18/2015 15:07  
 Login ID: tpaul  
 Layer: All  
 Areas: All

From Date: 10/01/2015 00:00(Continuous)  
 To Date: 10/31/2015 23:59  
 Agency Type: Police, Fire, EMS

| CALL FOR SERVICE TYPE | CALLS FOR SERVICE | PERCENT OF TOTAL |
|-----------------------|-------------------|------------------|
| Fight                 | 22                | 0.67             |
| Fire                  | 63                | 1.92             |
| Fireworks             | 1                 | 0.03             |
| Harassment/Stalking   | 32                | 0.98             |
| Illegal Parking       | 51                | 1.55             |
| Juvenile              | 38                | 1.16             |
| Lift Station          | 7                 | 0.21             |
| Lock Out              | 3                 | 0.09             |
| Loud Music/Party      | 25                | 0.76             |
| Mental Subject        | 9                 | 0.27             |
| Message               | 7                 | 0.21             |
| Motorist Assist       | 20                | 0.61             |
| Notify Other Agency   | 20                | 0.61             |
| Ordinance Violation   | 39                | 1.19             |
| Other Service         | 58                | 1.77             |
| Prisoner Release      | 1                 | 0.03             |
| Prisoner Transport    | 17                | 0.52             |
| Reckless Driver       | 29                | 0.88             |
| Recover Property      | 31                | 0.94             |
| Remove Subject(s)     | 40                | 1.22             |
| Roadway Obstructed    | 10                | 0.3              |
| Robbery               | 5                 | 0.15             |
| Runaway/Missing       | 8                 | 0.24             |
| Sex Offense           | 5                 | 0.15             |
| Shots Fired           | 6                 | 0.18             |
| Solicitor             | 4                 | 0.12             |



# Call For Service By Call Type Report

Print Date/Time: 11/18/2015 15:07  
Login ID: tpaul  
Layer: All  
Areas: All

From Date: 10/01/2015 00:00(Continuous)  
To Date: 10/31/2015 23:59  
Agency Type: Police, Fire, EMS

| CALL FOR SERVICE TYPE    | CALLS FOR SERVICE | PERCENT OF TOTAL |
|--------------------------|-------------------|------------------|
| Squad Serviced           | 77                | 2.35             |
| Stolen Vehicle           | 13                | 0.4              |
| Suspicious Activity      | 230               | 7.01             |
| Suspicious Vehicle       | 69                | 2.1              |
| Telephone Harassment     | 1                 | 0.03             |
| Theft                    | 93                | 2.83             |
| Traffic Controls         | 5                 | 0.15             |
| Traffic Crash            | 112               | 3.41             |
| TS                       | 220               | 6.71             |
| Unknown                  | 7                 | 0.21             |
| Weapon                   | 8                 | 0.24             |
| Welfare Check            | 53                | 1.62             |
| Total Calls For Service: | 3281              |                  |



# Call For Service By Month

Print Date/Time: 11/18/2015 15:09

Login ID: ipaul

Source: All

Layer: All

Areas: All

From Date: 01/01/2015  
To Date: 10/31/2015

Call Type: All

Agency Type: Police, Fire, EMS

| Call For Service Type | JAN |     | FEB |     | MAR |     | APR |     | MAY |     | JUNE |     | JULY |     | AUG |     | SEP |     | OCT |     | NOV |     | DEC |     | TOTALS |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|                       | #   | %   | #   | %   | #   | %   | #   | %   | #   | %   | #    | %   | #    | %   | #   | %   | #   | %   | #   | %   | #   | %   | #   | %   |        |
| 911 Abandoned         | 315 | 1.0 | 367 | 1.1 | 360 | 1.1 | 355 | 1.1 | 326 | 1.0 | 336  | 1.0 | 319  | 1.0 | 296 | 0.9 | 305 | 0.9 | 297 | 0.9 | 0   | 0.0 | 0   | 0.0 | 3276   |
| 911 Emergency         | 193 | 0.6 | 152 | 0.5 | 239 | 0.7 | 241 | 0.7 | 208 | 0.6 | 304  | 0.9 | 241  | 0.7 | 206 | 0.6 | 162 | 0.5 | 184 | 0.6 | 0   | 0.0 | 0   | 0.0 | 2130   |
| 911 Miscuse           | 157 | 0.5 | 189 | 0.6 | 220 | 0.7 | 188 | 0.6 | 235 | 0.7 | 203  | 0.6 | 281  | 0.9 | 336 | 1.0 | 346 | 1.1 | 259 | 0.8 | 0   | 0.0 | 0   | 0.0 | 2414   |
| 911 Transfer          | 89  | 0.3 | 98  | 0.3 | 120 | 0.4 | 153 | 0.5 | 157 | 0.5 | 111  | 0.3 | 174  | 0.5 | 142 | 0.4 | 148 | 0.4 | 135 | 0.4 | 0   | 0.0 | 0   | 0.0 | 1327   |
| Air Crash             | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0    | 0.0 | 0    | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 1      |
| Alarm                 | 99  | 0.3 | 80  | 0.2 | 95  | 0.3 | 96  | 0.3 | 90  | 0.3 | 103  | 0.3 | 91   | 0.3 | 81  | 0.2 | 94  | 0.3 | 92  | 0.3 | 0   | 0.0 | 0   | 0.0 | 921    |
| Animal                | 26  | 0.1 | 24  | 0.1 | 47  | 0.1 | 48  | 0.1 | 40  | 0.1 | 52   | 0.2 | 34   | 0.1 | 38  | 0.1 | 31  | 0.1 | 34  | 0.1 | 0   | 0.0 | 0   | 0.0 | 374    |
| Arrest on Warrant     | 60  | 0.2 | 42  | 0.1 | 57  | 0.2 | 55  | 0.2 | 45  | 0.1 | 57   | 0.2 | 51   | 0.2 | 65  | 0.2 | 59  | 0.2 | 55  | 0.2 | 0   | 0.0 | 0   | 0.0 | 546    |
| Arson                 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0    | 0.0 | 0    | 0.0 | 1   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 3      |
| Assault               | 4   | 0.0 | 3   | 0.0 | 4   | 0.0 | 1   | 0.0 | 2   | 0.0 | 4    | 0.0 | 1    | 0.0 | 4   | 0.0 | 6   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 30     |
| Assist Other Agency   | 21  | 0.1 | 17  | 0.1 | 35  | 0.1 | 26  | 0.1 | 27  | 0.1 | 37   | 0.1 | 30   | 0.1 | 25  | 0.1 | 25  | 0.1 | 13  | 0.0 | 0   | 0.0 | 0   | 0.0 | 256    |
| Battery               | 16  | 0.0 | 9   | 0.0 | 19  | 0.1 | 20  | 0.1 | 27  | 0.1 | 23   | 0.1 | 14   | 0.0 | 17  | 0.1 | 24  | 0.1 | 13  | 0.0 | 0   | 0.0 | 0   | 0.0 | 182    |
| Burglary              | 46  | 0.1 | 43  | 0.1 | 58  | 0.2 | 85  | 0.3 | 43  | 0.1 | 37   | 0.1 | 51   | 0.2 | 55  | 0.2 | 40  | 0.1 | 84  | 0.3 | 0   | 0.0 | 0   | 0.0 | 542    |
| Child Custody         | 7   | 0.0 | 7   | 0.0 | 7   | 0.0 | 4   | 0.0 | 11  | 0.0 | 19   | 0.1 | 19   | 0.1 | 18  | 0.1 | 12  | 0.0 | 7   | 0.0 | 0   | 0.0 | 0   | 0.0 | 111    |
| Civil Problem         | 16  | 0.0 | 17  | 0.1 | 21  | 0.1 | 16  | 0.0 | 9   | 0.0 | 12   | 0.0 | 18   | 0.1 | 18  | 0.1 | 19  | 0.1 | 17  | 0.1 | 0   | 0.0 | 0   | 0.0 | 163    |
| Criminal Damage       | 24  | 0.1 | 17  | 0.1 | 19  | 0.1 | 30  | 0.1 | 27  | 0.1 | 37   | 0.1 | 33   | 0.1 | 41  | 0.1 | 26  | 0.1 | 29  | 0.1 | 0   | 0.0 | 0   | 0.0 | 283    |
| Death                 | 0   | 0.0 | 2   | 0.0 | 5   | 0.0 | 3   | 0.0 | 0   | 0.0 | 2    | 0.0 | 1    | 0.0 | 1   | 0.0 | 2   | 0.0 | 2   | 0.0 | 0   | 0.0 | 0   | 0.0 | 18     |
| Deceptive Practice    | 6   | 0.0 | 10  | 0.0 | 44  | 0.1 | 53  | 0.2 | 17  | 0.1 | 19   | 0.1 | 19   | 0.1 | 17  | 0.1 | 14  | 0.0 | 14  | 0.0 | 0   | 0.0 | 0   | 0.0 | 213    |
| Disturbance           | 67  | 0.2 | 78  | 0.2 | 91  | 0.3 | 77  | 0.2 | 115 | 0.3 | 103  | 0.3 | 124  | 0.4 | 124 | 0.4 | 98  | 0.3 | 80  | 0.2 | 0   | 0.0 | 0   | 0.0 | 957    |
| Dog Bite              | 3   | 0.0 | 1   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 1    | 0.0 | 2    | 0.0 | 0   | 0.0 | 3   | 0.0 | 2   | 0.0 | 0   | 0.0 | 0   | 0.0 | 13     |
| Domestic              | 68  | 0.2 | 54  | 0.2 | 52  | 0.2 | 86  | 0.3 | 74  | 0.2 | 75   | 0.2 | 67   | 0.2 | 74  | 0.2 | 66  | 0.2 | 62  | 0.2 | 0   | 0.0 | 0   | 0.0 | 678    |
| Domestic Battery      | 10  | 0.0 | 7   | 0.0 | 12  | 0.0 | 7   | 0.0 | 11  | 0.0 | 14   | 0.0 | 10   | 0.0 | 7   | 0.0 | 7   | 0.0 | 4   | 0.0 | 0   | 0.0 | 0   | 0.0 | 89     |
| Drug Activity         | 16  | 0.0 | 15  | 0.0 | 8   | 0.0 | 11  | 0.0 | 15  | 0.0 | 17   | 0.1 | 25   | 0.1 | 11  | 0.0 | 19  | 0.1 | 15  | 0.0 | 0   | 0.0 | 0   | 0.0 | 152    |
| Dumping               | 1   | 0.0 | 0   | 0.0 | 3   | 0.0 | 6   | 0.0 | 7   | 0.0 | 1    | 0.0 | 4    | 0.0 | 2   | 0.0 | 2   | 0.0 | 3   | 0.0 | 0   | 0.0 | 0   | 0.0 | 29     |
| Duty Roster           | 48  | 0.1 | 43  | 0.1 | 46  | 0.1 | 38  | 0.1 | 39  | 0.1 | 51   | 0.2 | 40   | 0.1 | 39  | 0.1 | 52  | 0.2 | 58  | 0.2 | 0   | 0.0 | 0   | 0.0 | 454    |

# Call For Service By Month



Print Date/Time: 11/18/2015 15:09  
 Login ID: tpaul  
 Source: All  
 Layer: All  
 Areas: All

From Date: 01/01/2015  
 To Date: 10/31/2015  
 Call Type: All

Agency Type: Police, Fire, EMS

| Call For Service Type | JAN |     | FEB |     | MAR |     | APR |     | MAY |     | JUNE |     | JULY |     | AUG |     | SEP |     | OCT |     | NOV |     | DEC |     | TOTALS |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|                       | #   | %   | #   | %   | #   | %   | #   | %   | #   | %   | #    | %   | #    | %   | #   | %   | #   | %   | #   | %   | #   | %   | #   | %   |        |
| EMS                   | 369 | 1.1 | 315 | 1.0 | 410 | 1.2 | 314 | 1.0 | 350 | 1.1 | 361  | 1.1 | 387  | 1.2 | 342 | 1.0 | 372 | 1.1 | 375 | 1.1 | 0   | 0.0 | 0   | 0.0 | 3595   |
| Escort                | 0   | 0.0 | 3   | 0.0 | 2   | 0.0 | 3   | 0.0 | 2   | 0.0 | 4    | 0.0 | 2    | 0.0 | 3   | 0.0 | 3   | 0.0 | 6   | 0.0 | 0   | 0.0 | 0   | 0.0 | 28     |
| Fight                 | 11  | 0.0 | 12  | 0.0 | 17  | 0.1 | 11  | 0.0 | 19  | 0.1 | 20   | 0.1 | 25   | 0.1 | 34  | 0.1 | 19  | 0.1 | 22  | 0.1 | 0   | 0.0 | 0   | 0.0 | 190    |
| Fire                  | 60  | 0.2 | 43  | 0.1 | 42  | 0.1 | 35  | 0.1 | 55  | 0.2 | 49   | 0.1 | 48   | 0.1 | 66  | 0.2 | 41  | 0.1 | 63  | 0.2 | 0   | 0.0 | 0   | 0.0 | 502    |
| Fireworks             | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 4    | 0.0 | 54   | 0.2 | 4   | 0.0 | 2   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 67     |
| Harassment/Stalking   | 28  | 0.1 | 32  | 0.1 | 32  | 0.1 | 51  | 0.2 | 48  | 0.1 | 27   | 0.1 | 34   | 0.1 | 54  | 0.2 | 53  | 0.2 | 32  | 0.1 | 0   | 0.0 | 0   | 0.0 | 391    |
| HiJack                | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0    | 0.0 | 0    | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 1      |
| Illegal Parking       | 58  | 0.2 | 30  | 0.1 | 44  | 0.1 | 21  | 0.1 | 12  | 0.0 | 15   | 0.0 | 18   | 0.1 | 38  | 0.1 | 23  | 0.1 | 51  | 0.2 | 0   | 0.0 | 0   | 0.0 | 310    |
| Juvenile              | 22  | 0.1 | 24  | 0.1 | 43  | 0.1 | 40  | 0.1 | 33  | 0.1 | 34   | 0.1 | 31   | 0.1 | 28  | 0.1 | 42  | 0.1 | 38  | 0.1 | 0   | 0.0 | 0   | 0.0 | 335    |
| K-9 Assist            | 0   | 0.0 | 2   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0    | 0.0 | 0    | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 2      |
| Lift Station          | 14  | 0.0 | 6   | 0.0 | 13  | 0.0 | 11  | 0.0 | 12  | 0.0 | 71   | 0.2 | 26   | 0.1 | 45  | 0.1 | 10  | 0.0 | 7   | 0.0 | 0   | 0.0 | 0   | 0.0 | 215    |
| Lock Out              | 8   | 0.0 | 5   | 0.0 | 6   | 0.0 | 7   | 0.0 | 8   | 0.0 | 3    | 0.0 | 4    | 0.0 | 7   | 0.0 | 6   | 0.0 | 3   | 0.0 | 0   | 0.0 | 0   | 0.0 | 57     |
| Loud Music/Party      | 8   | 0.0 | 10  | 0.0 | 11  | 0.0 | 14  | 0.0 | 21  | 0.1 | 14   | 0.0 | 18   | 0.1 | 15  | 0.0 | 14  | 0.0 | 25  | 0.1 | 0   | 0.0 | 0   | 0.0 | 150    |
| Mental Subject        | 13  | 0.0 | 6   | 0.0 | 10  | 0.0 | 7   | 0.0 | 8   | 0.0 | 11   | 0.0 | 10   | 0.0 | 13  | 0.0 | 16  | 0.0 | 9   | 0.0 | 0   | 0.0 | 0   | 0.0 | 103    |
| Message               | 9   | 0.0 | 10  | 0.0 | 5   | 0.0 | 9   | 0.0 | 14  | 0.0 | 14   | 0.0 | 14   | 0.0 | 13  | 0.0 | 8   | 0.0 | 7   | 0.0 | 0   | 0.0 | 0   | 0.0 | 103    |
| Motorist Assist       | 20  | 0.1 | 28  | 0.1 | 34  | 0.1 | 16  | 0.0 | 24  | 0.1 | 30   | 0.1 | 22   | 0.1 | 22  | 0.1 | 25  | 0.1 | 20  | 0.1 | 0   | 0.0 | 0   | 0.0 | 241    |
| Notify Other Agency   | 27  | 0.1 | 27  | 0.1 | 25  | 0.1 | 24  | 0.1 | 15  | 0.0 | 56   | 0.2 | 17   | 0.1 | 22  | 0.1 | 17  | 0.1 | 20  | 0.1 | 0   | 0.0 | 0   | 0.0 | 250    |
| Ordinance Violation   | 35  | 0.1 | 61  | 0.2 | 81  | 0.2 | 60  | 0.2 | 46  | 0.1 | 54   | 0.2 | 46   | 0.1 | 48  | 0.1 | 20  | 0.1 | 39  | 0.1 | 0   | 0.0 | 0   | 0.0 | 490    |
| Other Service         | 42  | 0.1 | 68  | 0.2 | 56  | 0.2 | 35  | 0.1 | 52  | 0.2 | 185  | 0.6 | 78   | 0.2 | 110 | 0.3 | 74  | 0.2 | 58  | 0.2 | 0   | 0.0 | 0   | 0.0 | 758    |
| Prisoner Release      | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0    | 0.0 | 0    | 0.0 | 0   | 0.0 | 0   | 0.0 | 1   | 0.0 | 0   | 0.0 | 0   | 0.0 | 2      |
| Prisoner to Court     | 0   | 0.0 | 0   | 0.0 | 2   | 0.0 | 2   | 0.0 | 2   | 0.0 | 1    | 0.0 | 2    | 0.0 | 4   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 0   | 0.0 | 13     |
| Prisoner Transport    | 24  | 0.1 | 25  | 0.1 | 32  | 0.1 | 16  | 0.0 | 21  | 0.1 | 29   | 0.1 | 28   | 0.1 | 29  | 0.1 | 31  | 0.1 | 17  | 0.1 | 0   | 0.0 | 0   | 0.0 | 252    |
| Reckless Driver       | 27  | 0.1 | 20  | 0.1 | 39  | 0.1 | 43  | 0.1 | 31  | 0.1 | 25   | 0.1 | 26   | 0.1 | 44  | 0.1 | 29  | 0.1 | 29  | 0.1 | 0   | 0.0 | 0   | 0.0 | 313    |
| Recover Property      | 12  | 0.0 | 7   | 0.0 | 15  | 0.0 | 30  | 0.1 | 29  | 0.1 | 18   | 0.1 | 26   | 0.1 | 18  | 0.1 | 29  | 0.1 | 31  | 0.1 | 0   | 0.0 | 0   | 0.0 | 215    |
| Remove Subject(s)     | 56  | 0.2 | 42  | 0.1 | 47  | 0.1 | 42  | 0.1 | 52  | 0.2 | 40   | 0.1 | 46   | 0.1 | 64  | 0.2 | 61  | 0.2 | 40  | 0.1 | 0   | 0.0 | 0   | 0.0 | 490    |

# Call For Service By Month



Print Date/Time: 11/18/2015 15:09

Login ID: tpaul

Source: All

Layer: All

Areas: All

From Date: 01/01/2015

To Date: 10/31/2015

Call Type: All

Agency Type: Police, Fire, EMS

| Call For Service Type | JAN  |     | FEB  |     | MAR  |      | APR  |     | MAY  |      | JUNE |      | JULY |      | AUG  |      | SEP  |      | OCT  |      | NOV |     | DEC |     | TOTALS |
|-----------------------|------|-----|------|-----|------|------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|-----|--------|
|                       | #    | %   | #    | %   | #    | %    | #    | %   | #    | %    | #    | %    | #    | %    | #    | %    | #    | %    | #    | %    | #   | %   | #   | %   |        |
| Roadway Obstructed    | 7    | 0.0 | 2    | 0.0 | 12   | 0.0  | 7    | 0.0 | 7    | 0.0  | 15   | 0.0  | 10   | 0.0  | 13   | 0.0  | 4    | 0.0  | 10   | 0.0  | 0   | 0.0 | 0   | 0.0 | 87     |
| Robbery               | 0    | 0.0 | 1    | 0.0 | 4    | 0.0  | 1    | 0.0 | 2    | 0.0  | 6    | 0.0  | 5    | 0.0  | 0    | 0.0  | 2    | 0.0  | 5    | 0.0  | 0   | 0.0 | 0   | 0.0 | 26     |
| Runaway/Missing       | 11   | 0.0 | 9    | 0.0 | 9    | 0.0  | 5    | 0.0 | 18   | 0.1  | 13   | 0.0  | 20   | 0.1  | 17   | 0.1  | 6    | 0.0  | 8    | 0.0  | 0   | 0.0 | 0   | 0.0 | 116    |
| Sex Offense           | 6    | 0.0 | 6    | 0.0 | 10   | 0.0  | 5    | 0.0 | 8    | 0.0  | 7    | 0.0  | 8    | 0.0  | 6    | 0.0  | 5    | 0.0  | 5    | 0.0  | 0   | 0.0 | 0   | 0.0 | 66     |
| Shots Fired           | 2    | 0.0 | 4    | 0.0 | 2    | 0.0  | 13   | 0.0 | 8    | 0.0  | 7    | 0.0  | 0    | 0.0  | 3    | 0.0  | 8    | 0.0  | 6    | 0.0  | 0   | 0.0 | 0   | 0.0 | 53     |
| Solicitor             | 4    | 0.0 | 9    | 0.0 | 9    | 0.0  | 5    | 0.0 | 7    | 0.0  | 8    | 0.0  | 5    | 0.0  | 1    | 0.0  | 6    | 0.0  | 4    | 0.0  | 0   | 0.0 | 0   | 0.0 | 58     |
| Squad Serviced        | 28   | 0.1 | 34   | 0.1 | 99   | 0.3  | 56   | 0.2 | 49   | 0.1  | 55   | 0.2  | 34   | 0.1  | 73   | 0.2  | 76   | 0.2  | 77   | 0.2  | 0   | 0.0 | 0   | 0.0 | 581    |
| Stolen Vehicle        | 16   | 0.0 | 9    | 0.0 | 10   | 0.0  | 9    | 0.0 | 12   | 0.0  | 8    | 0.0  | 8    | 0.0  | 13   | 0.0  | 8    | 0.0  | 13   | 0.0  | 0   | 0.0 | 0   | 0.0 | 106    |
| Suspicious Activity   | 146  | 0.4 | 146  | 0.4 | 182  | 0.6  | 198  | 0.6 | 254  | 0.8  | 317  | 1.0  | 300  | 0.9  | 257  | 0.8  | 290  | 0.9  | 230  | 0.7  | 0   | 0.0 | 0   | 0.0 | 2320   |
| Suspicious Vehicle    | 43   | 0.1 | 36   | 0.1 | 40   | 0.1  | 48   | 0.1 | 44   | 0.1  | 44   | 0.1  | 50   | 0.2  | 54   | 0.2  | 49   | 0.1  | 69   | 0.2  | 0   | 0.0 | 0   | 0.0 | 477    |
| Telephone Harassment  | 11   | 0.0 | 6    | 0.0 | 9    | 0.0  | 7    | 0.0 | 12   | 0.0  | 6    | 0.0  | 6    | 0.0  | 4    | 0.0  | 2    | 0.0  | 1    | 0.0  | 0   | 0.0 | 0   | 0.0 | 64     |
| Theft                 | 77   | 0.2 | 65   | 0.2 | 94   | 0.3  | 96   | 0.3 | 88   | 0.3  | 90   | 0.3  | 98   | 0.3  | 88   | 0.3  | 134  | 0.4  | 93   | 0.3  | 0   | 0.0 | 0   | 0.0 | 923    |
| Traffic Controls      | 5    | 0.0 | 2    | 0.0 | 7    | 0.0  | 8    | 0.0 | 7    | 0.0  | 6    | 0.0  | 5    | 0.0  | 8    | 0.0  | 3    | 0.0  | 5    | 0.0  | 0   | 0.0 | 0   | 0.0 | 56     |
| Traffic Crash         | 92   | 0.3 | 114  | 0.3 | 93   | 0.3  | 90   | 0.3 | 94   | 0.3  | 106  | 0.3  | 81   | 0.2  | 96   | 0.3  | 95   | 0.3  | 112  | 0.3  | 0   | 0.0 | 0   | 0.0 | 973    |
| TS                    | 227  | 0.7 | 148  | 0.4 | 192  | 0.6  | 199  | 0.6 | 264  | 0.8  | 188  | 0.6  | 176  | 0.5  | 237  | 0.7  | 222  | 0.7  | 220  | 0.7  | 0   | 0.0 | 0   | 0.0 | 2073   |
| Unknown               | 3    | 0.0 | 2    | 0.0 | 0    | 0.0  | 0    | 0.0 | 2    | 0.0  | 2    | 0.0  | 3    | 0.0  | 8    | 0.0  | 8    | 0.0  | 7    | 0.0  | 0   | 0.0 | 0   | 0.0 | 35     |
| Unlawful Restraint    | 1    | 0.0 | 0    | 0.0 | 0    | 0.0  | 0    | 0.0 | 0    | 0.0  | 0    | 0.0  | 0    | 0.0  | 0    | 0.0  | 0    | 0.0  | 0    | 0.0  | 0   | 0.0 | 0   | 0.0 | 1      |
| Vehicle Tow           | 0    | 0.0 | 0    | 0.0 | 0    | 0.0  | 0    | 0.0 | 0    | 0.0  | 0    | 0.0  | 0    | 0.0  | 1    | 0.0  | 0    | 0.0  | 0    | 0.0  | 0   | 0.0 | 0   | 0.0 | 1      |
| Weapon                | 3    | 0.0 | 2    | 0.0 | 7    | 0.0  | 2    | 0.0 | 9    | 0.0  | 9    | 0.0  | 5    | 0.0  | 4    | 0.0  | 10   | 0.0  | 8    | 0.0  | 0   | 0.0 | 0   | 0.0 | 59     |
| Welfare Check         | 48   | 0.1 | 56   | 0.2 | 63   | 0.2  | 51   | 0.2 | 68   | 0.2  | 71   | 0.2  | 53   | 0.2  | 79   | 0.2  | 64   | 0.2  | 53   | 0.2  | 0   | 0.0 | 0   | 0.0 | 606    |
| Totals                | 2867 | 8.7 | 2702 | 8.2 | 3370 | 10.2 | 3194 | 9.7 | 3332 | 10.1 | 3641 | 11.1 | 3478 | 10.6 | 3603 | 10.9 | 3448 | 10.5 | 3281 | 10.0 | 0   | 0.0 | 0   | 0.0 | 32916  |

# Call For Service By Disposition



Print Date/Time: 11/18/2015 15:08  
 Login ID: tpaul  
 Layer: All  
 Areas: All

From Date: 01/01/2015 00:00(Continuous)  
 To Date: 10/31/2015 23:59  
 Disposition: All

Agency Type: Police, Fire, EMS

| Call Disposition          | JAN  | FEB  | MAR  | APR  | MAY  | JUNE | JULY | AUG  | SEP  | OCT  | NOV | DEC | TOTALS |
|---------------------------|------|------|------|------|------|------|------|------|------|------|-----|-----|--------|
| Traffic Crash             | 62   | 76   | 76   | 60   | 69   | 70   | 58   | 61   | 67   | 65   | 0   | 0   | 664    |
| Change Status             | 2    | 2    | 3    | 0    | 1    | 1    | 1    | 0    | 1    | 1    | 0   | 0   | 12     |
| Alarm                     | 46   | 29   | 37   | 38   | 37   | 30   | 30   | 28   | 33   | 37   | 0   | 0   | 345    |
| False Alarm               | 39   | 34   | 34   | 34   | 25   | 51   | 49   | 33   | 38   | 33   | 0   | 0   | 370    |
| Duplicate Call            | 14   | 34   | 31   | 24   | 23   | 11   | 29   | 40   | 25   | 34   | 0   | 0   | 265    |
| EMS                       | 351  | 296  | 392  | 299  | 321  | 339  | 362  | 327  | 338  | 351  | 0   | 0   | 3376   |
| FIRE                      | 46   | 42   | 35   | 34   | 50   | 42   | 44   | 53   | 33   | 54   | 0   | 0   | 433    |
| Assist Other Agency       | 3    | 6    | 5    | 5    | 8    | 9    | 5    | 8    | 5    | 2    | 0   | 0   | 56     |
| Inoperable Vehicle Report | 8    | 17   | 6    | 0    | 2    | 2    | 2    | 1    | 2    | 3    | 0   | 0   | 43     |
| Warrant Arrest            | 47   | 42   | 49   | 51   | 54   | 45   | 38   | 60   | 49   | 51   | 0   | 0   | 486    |
| Traffic Arrest            | 187  | 116  | 169  | 146  | 169  | 118  | 127  | 189  | 170  | 205  | 0   | 0   | 1596   |
| Rental Property           | 266  | 205  | 217  | 254  | 252  | 240  | 272  | 280  | 221  | 200  | 0   | 0   | 2387   |
| CAD Incident Report       | 1506 | 1520 | 1871 | 1786 | 1975 | 2277 | 2053 | 2169 | 2036 | 1942 | 0   | 0   | 19135  |
| Incident Report           | 219  | 202  | 324  | 347  | 240  | 277  | 265  | 298  | 283  | 256  | 0   | 0   | 2711   |
| Total Dispositions        | 2796 | 2621 | 3249 | 3078 | 3226 | 3512 | 3335 | 3527 | 3301 | 3234 | 0   | 0   | 31879  |
| Total Calls For Service   | 2698 | 2522 | 3132 | 2948 | 3105 | 3377 | 3214 | 3382 | 3178 | 3105 | 0   | 0   | 30651  |

\*Totals may be larger than total number of calls due to multiple dispositions.

# Case Offense Crime Code Summary



Print Date/Time: 11/18/2015 15:03  
Login ID: tpaul  
Badge Number: All

From Date: 10/01/2015  
To Date: 10/31/2015

Granite City Police Department  
ORI Number: IL0600700  
Assignment Type: All

| Crime Code and Description                           | Counts | # of Cases Using Crime Code |
|--|--------|-----------------------------|
| 0260 SEXUAL ASSAULT: Criminal                        | 1      | 1                           |
| 0261 SEXUAL ASSAULT: Criminal - Aggravated           | 1      | 1                           |
| 0280 Predatory Criminal Sexual Assault of a Child    | 1      | 1                           |
| 0320 ROBBERY   | 4      | 4                           |
| 0410 BATTERY: Aggravated                             | 5      | 5                           |
| 0460 BATTERY: Simple                                 | 1      | 1                           |
| 0486 BATTERY: Domestic                               | 9      | 9                           |
| 0488 Aggravated Domestic Battery                     | 3      | 3                           |
| 0510 ASSAULT: Aggravated                             | 4      | 4                           |
| 0610 BURGLARY: Business                              | 1      | 1                           |
| 0625 BURGLARY: Residential                           | 9      | 9                           |
| 0650 BURGLARY: Home Invasion                         | 2      | 2                           |
| 0760 THEFT: Burglary From Motor Vehicle              | 15     | 15                          |
| 0810 THEFT: Over \$500.00                            | 2      | 2                           |
| 0810* THEFT: Over \$300.00                           | 5      | 5                           |
| 0820 THEFT: Under \$500.00                           | 1      | 1                           |
| 0820* THEFT: Under \$300.00                          | 4      | 4                           |
| 0860 THEFT: Retail                                   | 6      | 5                           |
| 0910 THEFT: Motor Vehicle                            | 4      | 4                           |
| 1010 ARSON   | 2      | 2                           |
| 1110 DECEPTION: Deceptive Practices                  | 3      | 3                           |
| 1120 DECEPTION: Forgery                              | 1      | 1                           |
| 1130 DECEPTION: Fraud                                | 3      | 3                           |
| 1137 Identity Theft                                  | 2      | 2                           |
| 1150 DECEPTION: Credit Card Fraud                    | 1      | 1                           |
| 1200 DECEPTION: Possession of Stolen Property        | 1      | 1                           |
| 1310 CRIMINAL DAMAGE: To Property                    | 4      | 4                           |
| 1330 CRIMINAL TRESPASS: To Land                      | 1      | 1                           |
| 1410 DEADLY WEAPONS: Unlawful Use                    | 3      | 3                           |
| 1430 DEADLY WEAPONS: Unlawful Possession By Felon    | 3      | 2                           |
| 1562 SEX OFFENSES: Aggravated Criminal Sexual Abuse  | 1      | 1                           |
| 1585 SEX OFFENSES: All Others                        | 2      | 2                           |
| 1710 CHILD: Endangering Life/Health Of               | 2      | 2                           |
| 1740 CHILD: Runaway                                  | 1      | 1                           |
| 1811 CANNABIS: Possession - < 30 Grams               | 2      | 2                           |
| 1925 Poss. or Del. of Material W/intent to Man. Meth | 1      | 1                           |
| 2020 CONTROLLED SUBSTANCE: Possession Of             | 7      | 7                           |
| 2040 CONTROLLED SUBSTANCE: Delivery/Intent To        | 1      | 1                           |
| 2110 HYPODERMIC NEEDLE: Possession                   | 2      | 2                           |



# Case Offense Crime Code Summary



**Print Date/Time:** 11/18/2015 15:03  
**Login ID:** tpaul  
**Badge Number:** All

**From Date:** 10/01/2015  
**To Date:** 10/31/2015

Granite City Police Department  
**ORI Number:** IL0600700  
**Assignment Type:** All

| Crime Code and Description                        | Counts     | # of Cases Using Crime Code |
|---|------------|-----------------------------|
| 2170 DRUG PARAPHERNALIA: Possession Of            | 3          | 3                           |
| 2480 TRAFFIC: Suspended/Revoked Drivers License   | 1          | 1                           |
| 2890 DISORDERLY CONDUCT: All Others               | 2          | 2                           |
| 3100 DISORDERLY CONDUCT: Mob Action               | 1          | 1                           |
| 3730 OBSTRUCTING JUSTICE                          | 2          | 2                           |
| 3740 FUGITIVE: Concealing/Aiding                  | 2          | 2                           |
| 4387 ORDER OF PROTECTION: Violation Of            | 2          | 2                           |
| 4570 Violation of Child Murderer Registration Act | 1          | 1                           |
| 5000 CRIMINAL OFFENSES: All Other                 | 10         | 10                          |
| 5081 WARRANT: In State                            | 4          | 4                           |
| 5083 Recovered Property                           | 5          | 5                           |
| 6005 Assist Other Agency                          | 2          | 2                           |
| 6431 Death  | 7          | 7                           |
| 8201 AGGRAVATED FLEEING/ELUDING POLICE            | 3          | 3                           |
| 8308a Parking Vehicle w/Expired Registration      | 1          | 1                           |
| G012 Inoperable vehicle                           | 7          | 7                           |
| G060 Junk/Derelict/Inoperable                     | 1          | 1                           |
| SR001 Sex Offender Registration                   | 1          | 1                           |
| <b>Count Total:</b>                               | <b>176</b> | <b>Case Total: 174</b>      |

# Case Status and Disposition Summary



Print Date/Time: 11/18/2015 15:04  
 Login ID: tpaul  
 Officer: All

From Date: 10/01/2015  
 To Date: 10/31/2015  
 Date Type: Assign Date

Granite City Police Department  
 ORI Number: IL0600700  
 Assignment: All

| Case Status                   | Total      | %          |
|-------------------------------|------------|------------|
| Cleared - Warrant Issued      | 5          | 3.7        |
| Closed Lack of Evidence       | 3          | 2.22       |
| Closed Lack of Leads          | 16         | 11.85      |
| Cleared Lack of Cooperation   | 2          | 1.48       |
| Cleared Unusual               | 14         | 10.37      |
| Cleared - Lack of Prosecution | 4          | 2.96       |
| Cleared Arrest                | 23         | 17.04      |
| Referred: Other Jurisdiction  | 9          | 6.67       |
| Pending Investigation         | 59         | 43.7       |
| Unfounded                     | 0          | 0          |
| <b>Total Cases:</b>           | <b>135</b> | <b>100</b> |

| Case Disposition    | Total      | %          |
|---------------------|------------|------------|
| Closed              | 75         | 55.56      |
| Open                | 60         | 44.44      |
| <b>Total Cases:</b> | <b>135</b> | <b>100</b> |

% may not be accurate as they are rounded to two decimals.

# Adult Arrest Charge Summary



Print Date/Time: 11/18/2015 15:03  
Login ID: tpaul

From Date: 10/01/2015 00:00  
To Date: 10/31/2015 23:59  
Officer: All

Granite City Police Department  
ORI Number: IL0600700  
Ordered By: CrimeCode/Statute

| Statute                       | Crime Code and Description   | Counts | # of Arrests using Crime Code |
|-------------------------------|--|--------|-------------------------------|
| 720 ILCS 5.0/12-4(b)(10)      | 0410   Aggravated Battery to Person 60 or older                              | 1      | 1                             |
| 720 ILCS 5.0/12-4-A           | 0410   Aggravated Battery  | 1      | 1                             |
| 720 ILCS 5.0/12-3(a)(1)       | 0460   Battery - Bodily Harm   | 1      | 1                             |
| 720 ILCS 5.0/12-3.2           | 0486   Domestic Battery  | 3      | 3                             |
| 720 ILCS 5.0/12-3.2(a)(1)     | 0486   Domestic Battery 2nd Subsequent Offense                               | 2      | 2                             |
| 720 ILCS 5.0/12-3.2-A-1       | 0486   Domestic Battery - Bodily Harm To Family Member                       | 2      | 2                             |
| 720 ILCS 5.0/12-3.3           | 0488   Aggravated Domestic Battery   | 3      | 3                             |
| 720 ILCS 5.0/12-2             | 0510   Aggravated Assault  | 1      | 1                             |
| 720 ILCS 5.0/12-2 (c)(7)      | 0510   Aggravated Assault  | 1      | 1                             |
| 720 ILCS 5.0/16-1-A-1-A       | 0810*   Theft Over \$300.00  | 1      | 1                             |
| 720 ILCS 5.0/16-1 (a) (1) (A) | 0820*   Theft Under \$300.00 From Person                                     | 1      | 1                             |
| 720 ILCS 5.0/16-1(a)(1)(A)    | 0820*   Theft - Under \$300  | 3      | 3                             |
| 720 ILCS 5.0/16-25 (a) (1)    | 0860   Retail Theft Under \$300.00 (Class A)                                 | 14     | 14                            |
| 720 ILCS 5.0/16-25(a) (1)     | 0860   Retail Theft Over \$300.00  | 1      | 1                             |
| 720 ILCS 5.0/20-1.1(1)        | 1025   Aggravated Arson - Persons Inside                                     | 1      | 1                             |
| 720 ILCS 5.0/17-3             | 1120   Forgery   | 1      | 1                             |
| 720 ILCS 5.0/17-36            | 1130   Unlawful Use of Debit Card  | 42     | 42                            |
| 625 ILCS 5.0/4-102-A-1        | 1310   Criminal Damage to Vehicle  | 1      | 1                             |
| 720 ILCS 5.0/21-1-1-A         | 1310   Criminal Damage to Property Under \$300                               | 2      | 2                             |
| 720 ILCS 5.0/21-1-1-A*        | 1310   Criminal Damage to Property Over \$300                                | 2      | 2                             |
| 720 ILCS 5.0/21-3-A-1         | 1330   Criminal Trespass to Property - Enters Or Remains                     | 4      | 4                             |
| 720 ILCS 5.0/21-3-A-3         | 1330   Criminal Trespass to Property - Remains After Notice                  | 1      | 1                             |
| 720 ILCS 5.0/21-3-A-2         | 1365   Criminal Trespass to Property - Enters After Notice                   | 4      | 4                             |
| 720 ILCS 5.0/24-1-A-6         | 1410   Unlawful use of a Weapon-Silencer                                     | 1      | 1                             |
| 720 ILCS 5.0/12C-5-A-1        | 1710   Cause Child to be Engangered  | 1      | 1                             |
| 720 ILCS 550.0/4-A            | 1811   Possession of Cannabis - < 2.5 Grams                                  | 2      | 2                             |
| 720 ILCS 550.0/4-B            | 1811   Possession of Cannabis - >2.5 Grams And < 10 Grams                    | 1      | 1                             |
| 720 ILCS 550.0/4-D            | 1812   Possession of Cannabis - >30 Grams And < 500 Grams                    | 1      | 1                             |
| 720 ILCS 646.0/60             | 1910   Possession of Methamphetamine   | 1      | 1                             |
| 720 ILCS 570.0/402(c)         | 2020   Unlawful Possession of a Controlled Substance <15 grams               | 6      | 5                             |
| 720 ILCS 635.0/1              | 2110   Possession of Hypodermic Needle                                       | 3      | 3                             |
| 720 ILCS 600.0/3.5-A          | 2170   Possession of Drug Paraphernalia                                      | 4      | 4                             |
| 625 ILCS 5.0/11-501-A-1       | 2410   Driving Under the Influence - BAC .08 or more                         | 1      | 1                             |
| 625 ILCS 5.0/11-501-A-2       | 2410   Driving Under the Influence - Alcohol                                 | 2      | 2                             |
| 625 ILCS 5.0/6-303-A          | 2480   Driving With Suspended/Revoked Drivers License (Misdemeanor)          | 3      | 3                             |
| 720 ILCS 5/26.5-2(a)(1)       | 2830   Harassment by Telephone (obscene comment)                             | 1      | 1                             |
| 720 ILCS 5.0/26-1-A-12        | 2890   Disorderly Conduct - Make False 911 Call                              | 1      | 1                             |
| 720 ILCS 5.0/31-1             | 3710   Resisting/Obstructing a Peace Officer                                 | 6      | 6                             |
| 720 ILCS 5.0/31-4.5           | 3710   Obstructing Identification  | 1      | 1                             |
| 720 ILCS 5.0/31-4-A           | 3730   Obstructing Justice   | 1      | 1                             |
| 725 ILCS 225.0/2              | 3740   Fugitive from Justice   | 1      | 1                             |
| 720 ILCS 5/12-3.4(a)(1)       | 4387   Unlawful Violation of an Order of Protection                          | 5      | 5                             |
| 720 ILCS 5/12-3.4(d)          | 4387   Unlawful Violation of an Order of Protection (2nd subsequent offense) | 1      | 1                             |
| 730 ILCS 150.0/3              | 4505   Sex Offender-Failure to Register                                      | 3      | 3                             |
| 730 ILCS 5.0/3-3-9            | 4625   Parole Violation  | 2      | 2                             |
| Warrant In-State              | 5081   Warrant In-State  | 113    | 107                           |
| 625 ILCS 5.0/11-601-B         | 6601   Speeding  | 1      | 1                             |
| 625 ILCS 5.0/11-204.1-A-1     | 8201   Aggravated Fleeing/Elude Speeds >21 mph                               | 1      | 1                             |
| Pending Investigation         | 9990   Pending Investigation   | 5      | 5                             |

# Adult Arrest Charge Summary



**Print Date/Time:** 11/18/2015 15:03  
**Login ID:** tpaul

**From Date:** 10/01/2015 00:00  
**To Date:** 10/31/2015 23:59  
**Officer:** All

Granite City Police Department  
**ORI Number:** IL0600700  
**Ordered By:** CrimeCode/Statute

| Statute        | Crime Code and Description                      | Counts     | # of Arrests using Crime Code |
|----------------|---|------------|-------------------------------|
| 9.06.010       | G021   Unlawful resisting or obstructing police | 2          | 2                             |
| 9.21.010       | G023   Battery                                  | 1          | 1                             |
| 9.33.020       | G025   Public consumption alcohol               | 4          | 4                             |
| 9.48.020       | G027   Disorderly conduct                       | 1          | 1                             |
| 9.63.010       | G029   Criminal Trespass                        | 4          | 4                             |
| <b>Totals:</b> |   | <b>273</b> | <b>266</b>                    |

# Juvenile Arrest Charge Summary



Print Date/Time: 11/18/2015 15:02  
Login ID: tpaul

From Date: 10/01/2015 00:00  
To Date: 10/31/2015 23:59  
Officer: All

Granite City Police Department  
ORI Number: IL0600700  
Ordered By: CrimeCode/Statute

| Statute                    | Crime Code and Description                           | Counts | # of Arrests using<br>Crime Code |
|----------------------------|--|--------|----------------------------------|
| 720 ILCS 5.0/16-25 (a) (1) | 0860   Retail Theft Under \$300.00 (Class A)         | 1      | 1                                |
| 720 ILCS 5.0/21-5          | 1350   Criminal Trespass to State Supported Property | 1      | 1                                |
| Totals:                    |  | 2      | 2                                |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpaul  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

| Admin Citations   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 3881 Violation Zoning Ordinance / Living in a Recreational Vehicle  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 15.34.100 (b) Occupancy Code Violation  | 0   | 0   | 5   | 11  | 4   | 0   | 8   | 10  | 6   | 1   | 0   | 0   | 45     |
| 10.34.060 Limited Parking Areas, Exceeding Posted Time  | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 2   | 1   | 0   | 0   | 0   | 5      |
| 10.34.050 Parking wrong side of street  | 5   | 0   | 6   | 0   | 0   | 1   | 1   | 0   | 0   | 1   | 0   | 0   | 14     |
| 10.34.040 Parking in alleys prohibited  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 3      |
| 10.34.010 Restricted parking of recreational vehicles and watercraft  | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 15.04.080 No Building Permit  | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2      |
| 15.08.030 Property Maintenance Code Dwelling Units Sanitary Conditions  | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 10.30.030 Riding Toys in the Roadway  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 2      |
| 6.04.010 Animals - public nuisance  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 8333 Failure to Use Crime Free Lease Addendum   | 2   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 12.16.060 Dangerous trees, shrubs and vegetation  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 5.142.030 Failure to Attend Crime Free Multi-Housing Training   | 1   | 1   | 2   | 3   | 0   | 0   | 11  | 0   | 0   | 0   | 0   | 0   | 18     |
| 8324 Failure to Display Business License Sticker  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 10.22.030 Crossing at Other than Crosswalks   | 2   | 11  | 17  | 6   | 7   | 5   | 7   | 0   | 6   | 24  | 0   | 0   | 85     |
| 8.36.010 No Trash Can   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 12.32.030 No House Numbers  | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/12-610.2 Operating a motor vehicle while using an electronic communication device such as cell phone | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 5.02.020 No Business License  | 4   | 2   | 4   | 3   | 1   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 16     |
| 6.24.110 Animal Waste   | 1   | 0   | 4   | 2   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 8      |
| 15.08.010 Property Maintenance Code   | 1   | 10  | 15  | 18  | 9   | 6   | 1   | 2   | 3   | 0   | 0   | 0   | 65     |
| 625 ILCS 5/11-1303 Parking Where Prohibited   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 4987 Parking on Non-Permanently Paved Surfaces  | 1   | 0   | 16  | 7   | 0   | 4   | 0   | 0   | 6   | 0   | 0   | 0   | 34     |
| 9.79.040 Possession of tobacco and smoking paraphernalia--Prohibited  | 0   | 0   | 4   | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 7      |
| 4383.3 No Rabies Tag  | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpaul  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 15.08.100 Occupancy Permit Required   | 30  | 26  | 5   | 7   | 12  | 18  | 3   | 2   | 4   | 11  | 0   | 0   | 118    |
| 9.57.010 Theft  | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 3   | 2   | 0   | 0   | 6      |
| 10.48.050 Truck route violation   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 10.42.020 No city sticker   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 4   | 0   | 0   | 0   | 6      |
| 10.34.055 Parking in areas between sidewalks and streets                      | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 2   | 0   | 1   | 0   | 0   | 5      |
| 10.34.195 Unauthorized use of parking spaces reserved for handicapped persons | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 4   | 3   | 1   | 0   | 0   | 8      |
| 10.34.020 Illegal parking   | 9   | 4   | 11  | 12  | 0   | 0   | 2   | 5   | 5   | 4   | 0   | 0   | 52     |
| 10.25.020 Junk/Derelict/Inoperable  | 4   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 5      |
| 10.24.010 Vehicle abandonment more than 7 days                                | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 2      |
| 9.96.010 Disorderly conduct   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 9.81.010 Curfew   | 0   | 0   | 0   | 0   | 7   | 7   | 0   | 0   | 0   | 2   | 0   | 0   | 16     |
| 9.63.010 Criminal Trespass  | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 9.48.020 Disorderly conduct   | 12  | 9   | 16  | 9   | 8   | 0   | 0   | 0   | 12  | 9   | 0   | 0   | 75     |
| 9.34.020 Unlawful possession cannabis   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 9.21.010 Battery  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 1   | 0   | 0   | 3      |
| 9.06.010 Unlawful resisting or obstructing police                             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 8.98.010 Truancy / Permitting Truancy   | 6   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 6      |
| 8.80.010 Stagnant water on property   | 0   | 0   | 0   | 0   | 1   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 8.42.030 Inoperable vehicle   | 3   | 18  | 25  | 22  | 4   | 20  | 4   | 4   | 10  | 0   | 0   | 0   | 110    |
| 8.40.010 Storage of junk, trash, and refuse on property                       | 0   | 3   | 0   | 26  | 2   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 32     |
| 8.34.020 Trash on property  | 5   | 16  | 34  | 6   | 11  | 9   | 3   | 1   | 4   | 0   | 0   | 0   | 89     |
| 8.28.010 Grass/Weeds>8 inches high  | 0   | 0   | 0   | 13  | 8   | 6   | 5   | 1   | 3   | 0   | 0   | 0   | 36     |
| 8.102.010 Upholstered furniture left outdoors                                 | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2      |
| 6.16.030 Animals limitation on number allowed                                 | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 6.16.010 Dogs restraint required  | 4   | 0   | 1   | 2   | 2   | 1   | 2   | 1   | 3   | 1   | 0   | 0   | 17     |
| 510 ILCS 5.0/1-1007 Domestic Animals Running at Large                         | 0   | 0   | 0   | 1   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/1-1007 Improper Walking on Roadways                              | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpaul  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

| Admin Citations Totals  | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
|   | 92  | 107 | 176 | 153 | 82  | 86  | 51  | 39  | 80  | 62  | 0   | 0   | 928    |
| Written Warning   |     |     |     |     |     |     |     |     |     |     |     |     |        |
| 625 ILCS 5/11-1511 Failure to Signal Turn   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 3   | 1   | 0   | 0   | 0   | 5      |
| 625 ILCS 5.0/12-610.2 Operating a motor vehicle while using an electronic communication device such as cell phone | 0   | 0   | 2   | 9   | 8   | 6   | 1   | 2   | 5   | 3   | 0   | 0   | 36     |
| 625 ILCS 5.0/12-610.1 No Cell Phone In School /Work Zone  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-101 Unsafe Equipment  | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1304.5 Parking Vehicle with Expired Registration  | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 10.48.050 Truck route violation   | 0   | 0   | 1   | 1   | 1   | 0   | 0   | 1   | 1   | 4   | 0   | 0   | 9      |
| 10.26.020 Headlamps required  | 0   | 0   | 4   | 0   | 0   | 1   | 0   | 3   | 2   | 1   | 0   | 0   | 11     |
| 10.14.010 One way streets   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-301 DEFECTIVE BRAKES  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-505 SQUEALING TIRES   | 1   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-1403.2 Operating Motorcycle/Pedicycle on One Wheel  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1204(b) Disobeyed Stop Sign   | 19  | 10  | 6   | 14  | 11  | 13  | 16  | 10  | 9   | 11  | 0   | 0   | 119    |
| 625 ILCS 5.0/12-611 Illegal Operation of Sound Amplification System, Audible at 75 Feet within 1 year             | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-1201-C Disobeyed Traffic Control Device at Railroad Crossing                                      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1201-A-3 Failed to Stop for Approaching Train   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1201-A Failed to Stop at Railroad Tracks  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1002-E Failure to Yield to Pedestrian at Intersection   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/3-413 A No Front/Rear Plate 1st and 2nd Offense  | 3   | 0   | 1   | 0   | 0   | 0   | 2   | 0   | 1   | 1   | 0   | 0   | 8      |
| 625 ILCS 5.0/3-413* Failure to Display Registration Plates/Decal 3rd and Subq Offense                             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/3-413-B* Improper Display of License Plates (Tinted or Obscured Platic Covers)                       | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-804 Failure to Signal When Required   | 10  | 6   | 6   | 5   | 5   | 2   | 4   | 3   | 1   | 3   | 0   | 0   | 45     |
| 625 ILCS 5.0/12-602 Muffler-Loud, Excessive Noise, No Muffler   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 2      |



# Ticket Statistics



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Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5.0/3-401-A No Valid Registration 1st and 2nd Offense                                | 1   | 0   | 0   | 0   | 0   | 1   | 5   | 1   | 3   | 0   | 0   | 0   | 11     |
| 625 ILCS 5.0/11-1402 Improper Backing   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-1301 Improper Parking on Roadway  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1007 Improper Walking on Roadways   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/12-502 No Mirror on Vehicle  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-211 Improper Lighting - One Headlamp  | 15  | 9   | 4   | 9   | 14  | 3   | 3   | 1   | 3   | 2   | 0   | 0   | 63     |
| 625 ILCS 5.0/11-708 Improper Lane Usage   | 1   | 0   | 4   | 6   | 2   | 0   | 0   | 4   | 2   | 0   | 0   | 0   | 19     |
| 625 ILCS 5.0/6-101 No Valid DL Expired more than 6 months                                     | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 625 ILCS 5.0/6-101 No Valid Drivers License- Expired 6 Mo's or Less - Petty Offense           | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-503-A Obstructed Windshield or Front Side Windows (Tint)                      | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-601-A Fail to Reduce Speed/Accident to Avoid Accident                         | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-212-C Unauthorized Lighting   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-305 Disobeyed Traffic Signal/Sign   | 5   | 3   | 5   | 0   | 4   | 6   | 0   | 1   | 4   | 5   | 0   | 0   | 33     |
| 625 ILCS 5.0/12-201-B No Red Tailights  | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 1   | 0   | 0   | 4      |
| 625 ILCS 5.0/12-201-B* Only One Red Tailight  | 1   | 3   | 4   | 1   | 0   | 1   | 1   | 2   | 1   | 1   | 0   | 0   | 15     |
| 625 ILCS 5.0/12-201-B* No Tailights   | 0   | 0   | 1   | 2   | 2   | 2   | 3   | 2   | 0   | 1   | 0   | 0   | 13     |
| 625 ILCS 5.0/12-503-E Defective Windshield, Side and/or Rear Window                           | 0   | 0   | 1   | 1   | 0   | 3   | 0   | 0   | 0   | 1   | 0   | 0   | 6      |
| 625 ILCS 5.0/12-201-C No Rear Registration Plate Light  | 10  | 0   | 0   | 2   | 1   | 2   | 3   | 2   | 4   | 0   | 0   | 0   | 24     |
| 625 ILCS 5.0/11-907-A-1 Failed To Yield - Authorized Emergency Vehicle                        | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-904-C Failed to Yield - Stop or Yield Intersection                            | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-904-B Improper Stop At Stop Intersection                                      | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/15-109-B Failure To Secure Load Before Operating                                 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-305-A Disobeyed Traffic Control Device  | 1   | 1   | 0   | 10  | 3   | 2   | 0   | 0   | 4   | 0   | 0   | 0   | 21     |
| 625 ILCS 5.0/11-708-B Improper Lane Usage -One Way Street Street, Wrong Side, Violated Median | 2   | 0   | 0   | 1   | 0   | 0   | 1   | 1   | 2   | 0   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-601-B Speeding  | 22  | 12  | 12  | 16  | 46  | 12  | 16  | 16  | 21  | 33  | 0   | 0   | 206    |
| 625 ILCS 5.0/12-201-A Driving Without Lighted Lamp (Motorcycle)                               | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |

# Ticket Statistics



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Statute: All

From Date: 01/01/2015  
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Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN        | FEB       | MAR       | APR       | MAY        | JUN       | JUL       | AUG       | SEP       | OCT       | NOV      | DEC      | Totals     |
|---|------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|----------|----------|------------|
| 625 ILCS 5.0/12-201-B Driving Without Lights When Required  | 5          | 4         | 0         | 0         | 1          | 1         | 3         | 4         | 4         | 7         | 0        | 0        | 30         |
| 625 ILCS 5.0/11-701-A Driving in Wrong Lane   | 0          | 0         | 0         | 0         | 0          | 0         | 0         | 1         | 0         | 0         | 0        | 0        | 1          |
| 625 ILCS 5.0/11-709-A Improper Lane Usage - Laned Roads   | 0          | 3         | 0         | 0         | 0          | 0         | 0         | 4         | 1         | 2         | 0        | 0        | 10         |
| 625 ILCS 5.0/11-901 Failed to Yield at Intersection   | 0          | 0         | 1         | 0         | 0          | 0         | 0         | 0         | 0         | 0         | 0        | 0        | 1          |
| 625 ILCS 5.0/11-801-B Failure To Yield/Stop When Turning Left   | 0          | 0         | 0         | 3         | 0          | 0         | 0         | 0         | 0         | 0         | 0        | 0        | 3          |
| 625 ILCS 5.0/11-801-A Improper Turn   | 0          | 0         | 1         | 0         | 0          | 0         | 0         | 1         | 0         | 0         | 0        | 0        | 2          |
| 625 ILCS 5.0/12-210-A Failure To Dim Headlights- Approaching Vehicle 500'   | 2          | 0         | 0         | 0         | 0          | 0         | 1         | 1         | 0         | 1         | 0        | 0        | 5          |
| 625 ILCS 5.0/12-603.1* Failure to Wear a Properly Adjusted and Fastened Seat Safety Belt - Passenger              | 0          | 0         | 1         | 0         | 0          | 0         | 2         | 0         | 0         | 0         | 0        | 0        | 3          |
| 625 ILCS 5.0/12-603.1 Failure to Wear Properly Adjusted and Fastened Seat Safety Belt                             | 1          | 0         | 0         | 0         | 1          | 4         | 2         | 3         | 2         | 2         | 0        | 0        | 15         |
| 625 ILCS 5.0/6-101-A No Valid DL  | 0          | 0         | 0         | 0         | 0          | 0         | 0         | 0         | 1         | 1         | 0        | 0        | 2          |
| 625 ILCS 5.0/3-413-B Improper Display/Attachment of License Plates/Sticker  | 0          | 0         | 0         | 0         | 1          | 0         | 0         | 1         | 0         | 2         | 0        | 0        | 4          |
| 625 ILCS 5.0/3-413 Failure To Display Registration Plates/Decal 1st and 2nd Offense                               | 1          | 1         | 0         | 2         | 1          | 0         | 0         | 0         | 1         | 0         | 0        | 0        | 6          |
| 625 ILCS 5.0/3-703 Improper Use of Registration   | 0          | 0         | 0         | 0         | 0          | 0         | 1         | 0         | 0         | 0         | 0        | 0        | 1          |
| 625 ILCS 5.0/3-413-F Operate A Vehicle With Expired Registration 1st and 2nd Offense                              | 10         | 5         | 11        | 6         | 2          | 7         | 2         | 6         | 6         | 15        | 0        | 0        | 70         |
| 625 ILCS 5.0/3-701-1 No Valid Registration - Vehicle Operator   | 0          | 0         | 0         | 1         | 0          | 0         | 1         | 0         | 0         | 0         | 0        | 0        | 2          |
| <b>Written Warning Totals</b>   | <b>113</b> | <b>61</b> | <b>68</b> | <b>93</b> | <b>112</b> | <b>66</b> | <b>71</b> | <b>78</b> | <b>86</b> | <b>99</b> | <b>0</b> | <b>0</b> | <b>847</b> |
| <b>Traffic</b>  |            |           |           |           |            |           |           |           |           |           |          |          |            |
| 625 ILCS 5/11-1511 Failure to Signal Turn   | 0          | 0         | 0         | 0         | 0          | 0         | 1         | 2         | 0         | 0         | 0        | 0        | 3          |
| 625 ILCS 5.0/11-704(a) Improper Overtaking on Right   | 1          | 0         | 0         | 0         | 0          | 0         | 0         | 0         | 2         | 0         | 0        | 0        | 3          |
| 625 ILCS 5.0/11-1502 Improper Lane Usage - Bicycle  | 0          | 1         | 0         | 0         | 0          | 0         | 2         | 0         | 0         | 0         | 0        | 0        | 3          |
| 415 ILCS 105/5 Violation of the Illinois Litter Control Act   | 0          | 0         | 0         | 0         | 0          | 0         | 1         | 1         | 1         | 0         | 0        | 0        | 3          |
| 415 ILCS 105/4 Violation of the Illinois Litter Control Act   | 0          | 0         | 0         | 0         | 0          | 0         | 0         | 1         | 0         | 0         | 0        | 0        | 1          |
| 625 ILCS 5.0/11-204.1(a)(4) Aggravated Fleeing or Attempting to Elude a Police Officer                            | 0          | 1         | 0         | 1         | 0          | 1         | 0         | 0         | 0         | 0         | 0        | 0        | 3          |
| 625 ILCS 5.0/11-1506 No Carrying Packages, Two Handed Operation Required  | 0          | 0         | 0         | 0         | 0          | 0         | 1         | 0         | 0         | 0         | 0        | 0        | 1          |
| 625 ILCS 5.0/12-610.2 Operating a motor vehicle while using an electronic communication device such as cell phone | 1          | 0         | 6         | 7         | 6          | 3         | 1         | 4         | 7         | 6         | 0        | 0        | 41         |

# Ticket Statistics



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|  | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5/11-1303 Parking Where Prohibited  | 1   | 0   | 1   | 1   | 1   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 6      |
| 625 ILCS 5.0/12-603(b)(5) Unlawful Number of Passengers  | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-101 Unsafe Equipment   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 3   | 0   | 0   | 5      |
| 625 ILCS 5.0/11-1304.5 Parking Vehicle with Expired Registration   | 21  | 19  | 9   | 7   | 2   | 2   | 5   | 9   | 9   | 23  | 0   | 0   | 106    |
| 10.48.050 Truck route violation  | 3   | 0   | 0   | 3   | 0   | 3   | 0   | 0   | 13  | 2   | 0   | 0   | 24     |
| 10.34.130 Trucks over 5 tons, construction equip in res zone   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 10.34.020 Illegal parking  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 10.30.210 Weight limit violation vehicles on city street (Maximum 5 tons residential zone)                                 | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 10.12.010 Speeding   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-501-C-1-1 Driving Under the Influence while Revoked/Suspended  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-907-C Failed To Yield or Slow-Up on Approaching Emergency Vehicle  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1007 Improper Walking on highways  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-301 DEFECTIVE BRAKES   | 0   | 0   | 1   | 1   | 1   | 0   | 0   | 4   | 0   | 0   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-505 SQUEALING TIRES  | 1   | 0   | 1   | 1   | 0   | 1   | 0   | 0   | 2   | 3   | 0   | 0   | 9      |
| 625 ILCS 5.0/6-107 GRADUATED DRIVER VIOLATIONS   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-801 IMPROPER TURN  | 0   | 0   | 0   | 0   | 1   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/6-507(b)(2) Driving with Revoked, Suspended, Cancelled, Disqualified or in Violation of Out-of-Service Order  | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1420-D Improper Passing Funeral Procession   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1413 Littering on Highway  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1403.2 Operating Motorcycle/Pedicycle on One Wheel   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/3-417 Failure to Apply for Lost, Stolen, or Damaged Card, Plates, or Registration Sticker                     | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/4-201(b) The Abandonment of a Vehicle or any Part Thereof on Private or Public Property, other than a Highway | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/4-201(a) The Abandonment of a Vehicle or any Part Thereof on any Highway in this State                        | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/11-1204(b) Disobeyed Stop Sign  | 15  | 12  | 11  | 11  | 11  | 5   | 9   | 22  | 7   | 12  | 0   | 0   | 115    |

# Ticket Statistics



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|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5.0/11-705 Improper Overtaking -on Left  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/12-611 Illegal Operation of Sound Amplification System, Audible at 75 Feet               | 0   | 0   | 1   | 0   | 1   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-1301.3 Unauthorized Use of Handicapped Parking  | 0   | 1   | 2   | 0   | 1   | 0   | 0   | 0   | 0   | 3   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-1201-C Disobeyed Traffic Control Device at Railroad Crossing                          | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 3      |
| 625 ILCS 5.0/11-1201-A-1 Failed to Stop for Approaching Train Warning/Signal                          | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-1002-A Failure to Yield to Pedestrian in Crosswalk                                    | 1   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 25.0/4-a Failure to Properly Secure Child Age 8<16 in Appropriate Restraint                  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/3-416 Failure To Notify Secretary Of State of Address/Name Change                        | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/3-413-F* Operate A Vehicle With Expired Registration 3rd and Subq Offense Within 1 Year  | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/3-413-A No Front/Rear Plate 1st and 2nd Offense  | 0   | 1   | 1   | 3   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 6      |
| 625 ILCS 5.0/3-401-A* No Valid Registration 3rd and Subq Offense within 1 year                        | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-804 Failure to Signal When Required   | 6   | 3   | 5   | 3   | 6   | 2   | 2   | 7   | 5   | 1   | 0   | 0   | 40     |
| 625 ILCS 5.0/11-1427 Careless Operation of ATV or Off-Highway Motorcycle                              | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/6-304 Permitting Unauthorized Person to Drive  | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 625 ILCS 5.0/12-602 Muffler-Loud, Excessive Noise, No Muffler   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 3      |
| 625 ILCS 5.0/3-401-A No Valid Registration 1st and 2nd Offense  | 1   | 4   | 2   | 5   | 5   | 4   | 4   | 10  | 1   | 5   | 0   | 0   | 41     |
| 625 ILCS 5.0/12-215-A Red Oscillating/Flashing Lights Prohibited                                      | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1402 Improper Backing   | 1   | 1   | 2   | 2   | 3   | 3   | 1   | 1   | 2   | 0   | 0   | 0   | 16     |
| 625 ILCS 5.0/6-101* No Valid Drivers License - More than 6 Mo's and All Other Cases - Misdemeanor     | 0   | 1   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/6-303-D Driving With Suspended/Revoked Drivers License (Felony)                          | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 25.0/4 Failure to Properly Secure Child Under Age of 8 in Appropriate Child Restraint System | 1   | 0   | 0   | 1   | 0   | 1   | 2   | 2   | 1   | 1   | 0   | 0   | 9      |
| 625 ILCS 5.0/11-1301 Improper Parking on Roadway  | 0   | 2   | 4   | 1   | 1   | 1   | 2   | 0   | 2   | 1   | 0   | 0   | 14     |
| 625 ILCS 5.0/11-1007 Improper Walking on Roadways   | 0   | 1   | 0   | 2   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-1414 Improper Passing of a School Bus Loading or Unloading                            | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpauli  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5.0/6-113 Operation in Violation of Restriction or Restricted Driving Permit | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-211 Improper Lighting - One Headlamp                                  | 2   | 3   | 3   | 6   | 4   | 1   | 1   | 0   | 1   | 1   | 0   | 0   | 22     |
| 625 ILCS 5.0/11-708 Improper Lane Usage   | 3   | 2   | 1   | 4   | 7   | 1   | 0   | 0   | 3   | 1   | 0   | 0   | 22     |
| 625 ILCS 5.0/6-101 No Valid DL Expired more than 6 months                             | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 625 ILCS 5.0/6-101 No Valid Drivers License- Expired 6 Mo's or Less - Petty Offense   | 0   | 0   | 1   | 5   | 1   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 9      |
| 625 ILCS 5.0/12-503-A Obstructed Windshield or Front Side Windows (Tint)              | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-601-A Fail to Reduce Speed/Accident to Avoid Accident                 | 17  | 20  | 15  | 23  | 24  | 23  | 12  | 25  | 25  | 27  | 0   | 0   | 211    |
| 625 ILCS 5.0/3-707 Operating Uninsured Motor Vehicle                                  | 44  | 49  | 57  | 42  | 68  | 54  | 42  | 80  | 47  | 55  | 0   | 0   | 518    |
| 625 ILCS 5.0/11-305 Disobeyed Traffic Signal/Sign                                     | 9   | 5   | 12  | 1   | 7   | 7   | 15  | 10  | 6   | 6   | 0   | 0   | 78     |
| 625 ILCS 5.0/12-201-B No Red Tailights  | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-201-B Only One Red Tailight   | 1   | 2   | 2   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 6      |
| 625 ILCS 5.0/12-201-B No Tailights  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/12-503-A Obstructed Windshield or Front Side Window                      | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-503-E Defective Windshield, Side and/or Rear Window                   | 1   | 0   | 0   | 1   | 2   | 1   | 2   | 0   | 0   | 0   | 0   | 0   | 7      |
| 625 ILCS 5.0/12-201-C No Rear Registration Plate Light                                | 1   | 0   | 0   | 0   | 1   | 1   | 0   | 2   | 0   | 0   | 0   | 0   | 5      |
| 625 ILCS 5.0/11-1412.1 Driving On Sidewalk  | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-708-D Improper Lane Usage - Crossing Dividing Space                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-305-B Avoided Traffic Control Device                                  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1426.1 Improper Operation of ATV or Off-Highway Motor-Cycle           | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-710-A Following too Closely - (Reasonable and prudent)                | 1   | 1   | 0   | 1   | 0   | 0   | 1   | 0   | 1   | 2   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-907-A-1 Failed To Yield - Authorized Emergency Vehicle                | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-905 Failed To Yield-Merging Traffic                                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-305-E Improper Stop/Yield When Traffic Signal Not Illuminated         | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-902 Failed to Yield - Turning Left                                    | 4   | 1   | 8   | 0   | 2   | 2   | 2   | 3   | 1   | 0   | 0   | 0   | 23     |
| 625 ILCS 5.0/11-904-C Failed to Yield - Stop or Yield Intersection                    | 0   | 0   | 1   | 0   | 1   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-801-3-B-1 Improper Turn-Left Turn                                     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-906 Failed to Yield-Private Road or Drive                             | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2      |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpaul  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5.0/11-305-2 Failure To Stop/Yield At Flashing Red Signal                                  | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-601-A Driving Too Fast For Conditions   | 1   | 3   | 3   | 0   | 0   | 3   | 1   | 1   | 0   | 0   | 0   | 0   | 12     |
| 625 ILCS 5.0/11-305-A Disobeyed Traffic Control Device  | 1   | 2   | 3   | 6   | 5   | 4   | 0   | 0   | 1   | 0   | 0   | 0   | 22     |
| 625 ILCS 5.0/11-203 Disobeyed Police Officer, Fireman, or School Crossing guard                     | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-708-B Improper Lane Usage - One Way Street Street, Wrong Side, Violated Median      | 0   | 0   | 1   | 3   | 2   | 1   | 2   | 0   | 2   | 1   | 0   | 0   | 12     |
| 625 ILCS 5.0/12-405-C Use Of Unsafe Tires   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-601-B Speeding  | 14  | 14  | 19  | 8   | 45  | 21  | 17  | 37  | 29  | 36  | 0   | 0   | 240    |
| 625 ILCS 5.0/12-208-B No Signal Lamp or Signal Device - No Stop Light                               | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1201-B Disobeyed Crossing Gate/Barrier  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-1010 Pedestrians Under the Influence or Alcohol or Drugs                            | 0   | 0   | 2   | 3   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-1003 Failed to Yield - Pedestrian   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-706-A-1 Improper Passing at a Forbidden Grade Crest/Curve                           | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-703-A Improper Overtaking On The Left   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 3      |
| 625 ILCS 5.0/12-201-A Driving Without Lighted Lamp (Motorcycle)                                     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-201-B Driving Without Lights When Required  | 2   | 1   | 1   | 3   | 0   | 2   | 1   | 0   | 2   | 1   | 0   | 0   | 13     |
| 625 ILCS 5.0/6-116 Fail To Notify SOS Of Address/Lane Change  | 1   | 1   | 1   | 1   | 0   | 2   | 1   | 0   | 2   | 1   | 0   | 0   | 10     |
| 625 ILCS 5.0/11-709.1 Improper Passing on the Shoulder  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-701-A Driving in Wrong Lane   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-709-A Improper Lane Usage - Laned Roads   | 2   | 5   | 5   | 2   | 2   | 3   | 7   | 5   | 4   | 7   | 0   | 0   | 42     |
| 625 ILCS 5.0/11-901 Failed to Yield at Intersection   | 2   | 0   | 1   | 0   | 1   | 7   | 5   | 0   | 2   | 3   | 0   | 0   | 21     |
| 625 ILCS 5.0/11-801-B Failure To Yield/Stop When Turning Left                                       | 0   | 3   | 0   | 2   | 1   | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 9      |
| 625 ILCS 5.0/11-901.01 Failure To Yield/Stop At T Intersection                                      | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-210-A Failure To Dim Headlights- Approaching Vehicle 500'                           | 0   | 0   | 2   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3      |
| 625 ILCS 5.0/11-407-A Failure to Report Accident to Police Authority                                | 0   | 1   | 1   | 0   | 0   | 2   | 0   | 2   | 0   | 1   | 0   | 0   | 7      |
| 625 ILCS 5.0/11-404 Failure to Give Information After Striking Unattended Vehicle or Other Property | 0   | 2   | 1   | 0   | 0   | 0   | 0   | 3   | 0   | 1   | 0   | 0   | 7      |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
Login ID: tpau  
Statute: All

From Date: 01/01/2015  
To Date: 10/31/2015  
Ticket Type: All

Granite City Police Department  
ORI Number: IL0600700

|   | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 625 ILCS 5.0/11-204 Fleeing/Attempt to Elude Police   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 2   | 2   | 1   | 0   | 0   | 6      |
| 625 ILCS 5.0/6-104-A Violation of License Classification - Second Division Vehicle, Motorcycle or Motor Drivn Cycle | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/12-603.1* Failure to Wear a Properly Adjusted and Fastened Seat Safety Belt - Passenger                | 0   | 0   | 0   | 1   | 3   | 2   | 2   | 5   | 4   | 3   | 0   | 0   | 20     |
| 625 ILCS 5.0/12-603.1 Failure to Wear Properly Adjusted and Fastened Seat Safety Belt                               | 0   | 1   | 0   | 4   | 7   | 9   | 5   | 17  | 9   | 6   | 0   | 0   | 58     |
| 625 ILCS 5.0/6-303-A Driving With Suspended/Revoked Drivers License (Misdemeanor)                                   | 15  | 16  | 23  | 14  | 31  | 31  | 13  | 28  | 18  | 18  | 0   | 0   | 207    |
| 625 ILCS 5.0/6-112 Driver License Not On Person - Failure to Display  | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 2   | 1   | 0   | 0   | 0   | 5      |
| 625 ILCS 5.0/6-101-A No Valid DL  | 5   | 7   | 8   | 2   | 16  | 12  | 10  | 10  | 7   | 11  | 0   | 0   | 88     |
| 625 ILCS 5.0/3-413-B Improper Display/Attachment of License Plates/Sticker  | 0   | 1   | 3   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 6      |
| 625 ILCS 5.0/3-413 Failure To Display Registration Plates/Decal 1st and 2nd Offense                                 | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/3-703 Improper Use of Registration   | 1   | 2   | 1   | 0   | 3   | 2   | 1   | 2   | 2   | 1   | 0   | 0   | 15     |
| 625 ILCS 5.0/3-708 Registration Suspended For No Insurance  | 1   | 0   | 0   | 3   | 1   | 1   | 0   | 4   | 4   | 3   | 0   | 0   | 17     |
| 625 ILCS 5.0/3-702-A-1 Registration Cancelled/Suspended/Revoked   | 1   | 2   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 5      |
| 625 ILCS 5.0/3-413-F Operate A Vehicle With Expired Registration 1st and 2nd Offense                                | 13  | 5   | 13  | 7   | 11  | 14  | 9   | 16  | 10  | 19  | 0   | 0   | 117    |
| 625 ILCS 5.0/3-701-1 No Valid Registration - Vehicle Operator   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-402-A Leaving the Scene of an Accident - Vehicle Damage   | 3   | 1   | 2   | 3   | 4   | 3   | 2   | 4   | 1   | 3   | 0   | 0   | 26     |
| 625 ILCS 5.0/11-401-A Leaving the Scene of Accident - Death or Injury   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-503-A Reckless Driving  | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 1   | 0   | 1   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-502-B Illegal Transportation of Alcohol -passenger  | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 4      |
| 625 ILCS 5.0/11-502-A Illegal Transportation of Alcohol -Driver   | 1   | 2   | 3   | 4   | 2   | 0   | 1   | 3   | 1   | 0   | 0   | 0   | 17     |
| 625 ILCS 5.0/11-501-A-3 Driving Under the Influence - Intoxicating Compound   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-501-A-4 Driving Under the Influence - Drugs or Combination of Drugs                                 | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2      |
| 625 ILCS 5.0/11-501-A-6 Driving Under the Influence - Drug, Substance or Compound                                   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      |
| 625 ILCS 5.0/11-501-A-1 Driving Under the Influence - BAC .08 or more   | 1   | 1   | 1   | 1   | 1   | 1   | 0   | 0   | 1   | 1   | 0   | 0   | 8      |
| 625 ILCS 5.0/11-501-A-2 Driving Under the Influence - Alcohol   | 2   | 1   | 1   | 0   | 2   | 0   | 0   | 4   | 4   | 2   | 0   | 0   | 16     |

# Ticket Statistics



Print Date/Time: 11/18/2015 15:05  
 Login ID: tpaul  
 Statute: All

From Date: 01/01/2015  
 To Date: 10/31/2015  
 Ticket Type: All

Granite City Police Department  
 ORI Number: IL0600700

|                | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Totals |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| Traffic Totals | 208 | 211 | 253 | 216 | 308 | 255 | 188 | 323 | 254 | 288 | 0   | 0   | 2504   |
| Totals         | 413 | 379 | 497 | 462 | 502 | 407 | 310 | 440 | 420 | 449 | 0   | 0   | 4279   |



# Office of Risk Management

Lynnette Kozer, Risk Manager  
Granite City, IL. 62040

Values as of 11/1/15

Worker's Compensation, Liability, Property Reports



| Fire Department                               |                    | 7 Claims              |                       |
|---|--------------------|-----------------------|-----------------------|
| Alleged Claim Description                     | Alleged Injury     |                       |                       |
| Fighting Fire                                 | Back               |                       |                       |
| Fell maintaining hose during fire             | Shoulder           |                       |                       |
| Alleges Repeative trauma of climbing          | Knee               |                       |                       |
| Alleges PTSD                                  | Other              |                       |                       |
| Fighting Fire                                 | Knees              |                       |                       |
| Alleges condition as a result of firefighting | Cadiac             |                       |                       |
| Hit ceiling of the cab                        | Neck, Back         |                       |                       |
| Fire Department Totals \$                     | Paid \$ 221,545.04 | Reserve \$ 627,692.96 | Total \$ 849,238.00   |
| Police Department                             |                    | 7 Claims              |                       |
| Alleged Claim Description                     | Alleged Injury     |                       |                       |
| Auto accident,                                | Elbow              |                       |                       |
| Subduing suspect                              | Neck               |                       |                       |
| Climbing through window                       | Shoulder           |                       |                       |
| Subduing suspect                              | Shoulder           |                       |                       |
| Subduing suspect                              | Neck               |                       |                       |
| Squad struck in the rear                      | Neck               |                       |                       |
| Subduing suspect                              | Back               |                       |                       |
| Subduing suspect                              | Shoulder           |                       |                       |
| Police Department Totals \$                   | Paid \$ 673,335.42 | Reserve \$ 919,560.58 | Total \$ 1,592,896.00 |

# Office of Risk Management

3 Claims

Lynnette Kozer, Risk Manager  
Granite City, IL. 62040

Values as of 8/1/15

Worker's Compensation, Liability, Property Reports

## Public Works Department

| Alleged Claim Description   | Alleged Injury |
|-----------------------------|----------------|
| Inspector hit pothole       | Neck           |
| Dropped tailgate on trailer | Neck           |
| Stepped on manhole lid      | Knee           |

| Paid                              | Reserve       | Total         |
|-----------------------------------|---------------|---------------|
| Public Works Department Totals \$ | 280,954.36 \$ | 238,296.64 \$ |
|                                   |               | 519,251.00    |

## Waste Water Treatment Plant

| Alleged Claim Description                  | Alleged Injury | 1 Claims |
|--|----------------|----------|
| Turning stuck valve, back injury           | Back           |          |
| Working in tight space, sharp pain in neck | Neck           |          |
| Tripped over pipe, back injury             | Back           |          |
| Moving heavy object                        | Shoulder       |          |

| Paid                                  | Reserve      | Total         |
|---------------------------------------|--------------|---------------|
| Waste Water Treatment Plant Totals \$ | 34,358.80 \$ | 264,589.20 \$ |
|                                       |              | 32,470.00     |

# Office of Risk Management

10 Claims

Lynnette Kozer, Risk Manager  
Granite City, IL. 62040

## Liability and Property Alleged Claims Description

Administrative Agency Complaint  
Administrative Agency Complaint  
Fell on sidewalk  
Fell on broken curb  
Fell on broken curb  
Fell from bike on MCT trail  
Auto accident, stepped on manhole cover, Maryville @162  
Sewer backup  
Alleged civil rights violations  
K-9 arm bite of 88 yr. old lost Alzheimer patient

|                       | Paid          | Reserve       | Total         |
|-----------------------|---------------|---------------|---------------|
| Liability File Totals | \$ 167,429.60 | \$ 121,471.40 | \$ 288,901.00 |

## Summary all Open Files

|                             | Paid            | Reserve         | Total           |
|-----------------------------|-----------------|-----------------|-----------------|
| Fire Totals                 | \$ 221,545.04   | \$ 627,692.96   | \$ 849,238.00   |
| Police Totals               | \$ 673,335.42   | \$ 919,560.58   | \$ 1,592,896.00 |
| Public Works Totals         | \$ 280,954.36   | \$ 238,296.64   | \$ 526,776.00   |
| Waste Water Treatment Plant | \$ 34,358.80    | \$ 264,589.20   | \$ 32,470.00    |
| Liability Totals            | \$ 167,429.60   | \$ 121,471.40   | \$ 288,901.00   |
| All Open Files Totals       | \$ 1,377,623.22 | \$ 2,171,610.78 | \$ 3,290,281.00 |

RESOLUTION TO RENEW LIABILITY, PROPERTY, WORKERS COMPENSATION,  
EARTHQUAKE, AND ERRORS AND OMISSIONS PROFESSIONAL INSURANCE  
COVERAGE IN 2016

WHEREAS, the City of Granite City is a Home Rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970.

WHEREAS, the City selected CNA Insurance to provide liability coverage, Brit Insurance to provide property coverage, ARCH Insurance to provide earthquake coverage, Safety National Insurance to provide workers compensation coverage, and National Casualty Insurance to provide errors and omissions professional coverage, in 2015, after determining each said Insurance Carrier to be the lowest responsible bidder, each time following a competitive bid process; and

WHEREAS, the Granite City City Council proposes it provide renewed insurance coverages for the City in calendar 2016, with all current terms of coverage substantially the same, and an increase of approximately 10% in the City's total annual premium from the current figure of \$432,257.00 for calendar 2015 coverage, to a new total annual premium not to exceed \$477,348.00.

NOW, THEREFORE, be it resolved by the City Council of the City of Granite City, Illinois, that the Office of the Mayor is authorized to contract for renewal of insurance coverages with the City's existing liability, property, excess workers compensation, earthquake, and errors and omissions professional insurance companies in calendar 2016, for an annual premium not to exceed approximately \$477,348.00, per any renewal option on the attached.

APPROVED this \_\_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, City Clerk

**THE CITY OF GRANITE CITY, ILLINOIS**  
**12/31/2015 THRU 12/31/2016 POLICY RENEWAL OPTIONS**

**OPTION 1**

Property  
 Work Comp  
 E&O Prof  
 Liability

| CARRIER / FEE            | 2014-2015           | 2015-2016        | % DIFFERENCE           |
|--------------------------|---------------------|------------------|------------------------|
| BRIT                     | 127,433             | 165,926          | 30.2% INCREASE         |
| SAFETY NATIONAL          | 88,073 (\$650K SIR) | 123,768 (\$650K) | 40.5% INCREASE         |
| NATIONAL CASUALTY        | 54,448              | 54,448           | 0%                     |
| CNA                      | 99,760 (CNA)        | 95,954 (CNA)     | 3.81% DECREASE         |
| ARCH                     | 32,543              | 37,252           | 14.47% INCREASE        |
| BROKER FEE               | 30,000              | NO CHARGE        | 100% DECREASE          |
| <b>TOTAL ANNUAL COST</b> | <b>\$ 432,257</b>   | <b>\$477,348</b> | <b>10.43% INCREASE</b> |

\$38,493A  
 \$35,695-A  
 \$38,062  
 \$47,092

\$45,091 increase

**OPTION 2**

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\$15,988 \*

\* Brit premium increase due to large hail APD loss

**THE CITY OF GRANITE CITY, ILLINOIS**  
**12/31/2015 THRU 12/31/2016 POLICY RENEWAL OPTIONS**

**OPTION 3**

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| <b>TOTAL ANNUAL COST</b> | <b>\$ 432,257</b>   | <b>\$471,682</b>         | <b>9.12% INCREASE</b> |

39,425\*

**OPTION 4**

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|                          |                     |                          |                       |
| <b>TOTAL ANNUAL COST</b> | <b>\$432,257</b>    | <b>\$442,579</b>         | <b>2.38% INCREASE</b> |

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CITY OF GRANITE CITY: 12/31/2015 – 12/31/2016 RENEWAL

**MARKETS APPROACHED FOR BID:**

Liability

1. BRIT (incumbent renewal): Renewal Quoted
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Property

1. CNA: Renewal Quoted
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4. Lexington: Declined due to hail losses
5. Hartford: TIV too small for their risk appetite – only writing larger property schedules at this time.
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## Dimond Bros. Insurance, LLC

### Privacy Policy

As a current customer of our agency, we take this opportunity to both thank you and share with you the importance in which we hold the privacy and confidentiality of your insurance and personal information.

Dimond Bros. Insurance, LLC, as a member of the financial services industry, has been and continues to be subject to federal and state privacy laws regarding the collection and exchange of your insurance information.

Working with you, Dimond Bros. Insurance, LLC gathers the necessary information from you and other public and insurance sources to execute the insurance market search and placement for the insurance coverage your needs/risk exposures require. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer-reporting agency.

In doing so, Dimond Bros. Insurance, LLC exchanges such information **only with other insurance related parties** that are similarly obligated under state and federal privacy laws and have in place the appropriate procedures to keep all treatments and exchanges of your information within the requirements of these laws.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, and beneficiary information.
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history.
- Information we receive from a consumer-reporting agency, such as your creditworthiness and credit history.

And, as we place your insurance with these carriers, both our agency and the carriers work together (as well as individually) to retain uses for only those activities required to underwrite, issue and service your policy of insurance, as well as conduct claims activities- should that be necessary on your behalf. We restrict access to nonpublic personal information about you only to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

We know that you have other choices when it comes to insurance and financial services. That is why we at Dimond Bros. Insurance, LLC appreciate your decision to place your insurance and financial service needs with us. We value you and your business, and look forward to a continuing client relationship with you.

Don Bartos, CEO



The following presentation is designed to give you an overview of the insurance coverages we have proposed for your business. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverages, specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Specimen policies are available for review before coverage is bound. All premiums quoted are subject to receipt of favorable 3-year loss history, acceptable MVR's, favorable loss control survey and compliance with loss control survey recommendations.

In evaluating your exposure to loss, we have depended on information provided by you, the insured. If there are other areas that need to be evaluated prior to binding coverage, please bring these to our attention. Also, should any of your exposures change after coverage is bound, such as new operations in or out-of-state, purchase of additional assets (vehicles, equipment, buildings, etc.), changes in employee count or sales totals, etc., please let us know so that proper coverage can be discussed.

## **Lynnette Kozer**

---

**From:** Ryan Matthews [ryan.matthews@dimondbros.com]  
**Sent:** Tuesday, November 10, 2015 4:17 PM  
**To:** Lynnette Kozer  
**Subject:** Retentions

Lynnette,

As requested, below is a breakdown of the SIR that applies to each line of coverage:

| INSURANCE CARRIER | LINE OF COVERAGE                           | SIR   |
|-------------------|--|---|
| Safety National   | Workers Compensation                       | \$650,000   |
| CNA               | Property                                   | \$50,000 EXCEPT<br>\$100,000 FLOOD<br>\$500,000 WIND/HAIL |
| ARCH              | Earthquake                                 | \$100,000   |
| BRIT              | Liability (Including Auto Physical Damage) | \$50,000 EXCEPT<br>\$100,000 LAW ENFORCEMENT LIABILITY    |

Thanks!

### **Ryan Matthews**

Producer  
Dimond Bros. Insurance, LLC  
2021 Johnson Rd. Suite 2  
Granite City, IL 62040  
Ph: (618)307-5941 ext. 4203  
Fax: (618)877-2642  
[ryan.matthews@dimondbros.com](mailto:ryan.matthews@dimondbros.com)



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**THE CITY OF GRANITE CITY, ILLINOIS**  
**12/31/2015 THRU 12/31/2016 POLICY RENEWAL OPTIONS**

**OPTION 1**

Property  
 Work Comp  
 E-O Prod  
 Liability

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\$32,453A  
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 \$39,000A  
 \$47,000A

\$45,091 increase

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RESOLUTION NO. \_\_\_\_\_  
A RESOLUTION TO ENTER INTO A THIRD PARTY ADMINISTRATOR SERVICES  
AGREEMENT WITH CORPORATE CLAIMS MANAGEMENT, INC., CONCERNING  
WORKERS COMPENSATION AND LIABILITY CLAIMS

WHEREAS, the City of Granite City is a home rule unit pursuant to article 7, section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City had in calendar year 2015, obtained insurance claim administration and related services from Gallagher Bassett Services, Inc.; and

WHEREAS, the Granite City City Council hereby finds that competitive bids for said insurance and third party administrator services were solicited by the Office of the Risk Manager, and that the lowest responsible bid was that of Corporate Claims Management, Inc., attached.

Now, therefore, be it resolved by the City Council of the City of Granite City, Illinois, that the Office of the Mayor take all steps lawful, reasonable, and necessary, to enter into an agreement substantially similar to the attached agreement for insurance and third party administrator services provided by Corporate Claims Management, Inc., for the calendar year 2016.

Passed by the City Council of the City of Granite City, Illinois, this \_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST: \_\_\_\_\_  
City Clerk Judy Whitaker

## CLAIMS ADMINISTRATION AGREEMENT

THIS AGREEMENT is made as of November 1, 2015 between Corporate Claims Management, Inc., a corporation organized and existing under the laws of the State of Missouri (hereinafter "Administrator") and The City of Granite City, Illinois (hereinafter "Client").

### WITNESSETH:

WHEREAS, Administrator is engaged in the business of the administration, investigation and payment of claims arising from self-insured workers' compensation and casualty programs for its clients; and

WHEREAS, Client requires the services of an independent contractor to administer its self-insured workers' compensation program up to its self-insured retention; and

WHEREAS, Client desires to retain Administrator for the provision of its services for Client's claims for its self-insured workers' compensation program to the extent as set forth in the following articles of this Agreement;

NOW THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound, hereby agree as follows:

## 1. Definitions

As used in this Agreement, the following terms shall have the following meanings:

- (a) "Agreement" shall mean this Agreement, as originally executed and amended or supplemented from time to time.
- (b) "Allocated Loss Adjustment Expense" shall mean such of the following items of expense incurred or authorized by Administrator on behalf of Client as may be reasonable and necessary in connection with Administrator's rendition of services in accordance with this Agreement:
  - i. Medical examinations of claimants, including the reasonable and necessary transportation expenses of claimants.
  - ii. Reports from attending or examining physicians.
  - iii. Attorneys' fees and disbursements.
  - iv. Court reporter services and transcripts.
  - v. Stenographic services and transcripts.
  - vi. Witness attendance fees.
  - vii. Court costs.
  - viii. Appeal bonds.
  - ix. Printing costs related to trials and appeals.
  - x. Testimony, opinions, appraisals, reports, surveys, and analyses of professionals and experts.
  - xi. Automobile and Property appraisals.
  - xii. Trial and hearing attendance fees.
  - xiii. Reports from government agencies or branches.
  - xiv. Credit bureau reports.
  - xv. Private investigators.

- xvi. Photographs.
  - xvii. Medical or vocational rehabilitation.
  - xviii. Medical cost containment services including but not limited to hospital bill audit, provider bill audit, and medical case management incurred with the consent of Client.
  - xix. Extraordinary claim investigation and/or travel expense incurred with the consent of Client.
  - xx. Fees for services provided by any investigation or adjusting firm other than Administrator related to the investigation and defense of a particular claim, incurred with the consent of Client.
  - xxi. Any similar service related to the investigation and defense of a particular Claim, or the protection of and collection of the subrogation rights of the Client, for which Client shall have give prior approval.
  - xxii. Costs, fees and expenses incurred by Administrator for services above and beyond those covered by this agreement, incurred with the consent of Client.
- (c) "Claim" shall mean any occurrence from which injury, damage, or expenses are sustained or asserted or from which liability under the Missouri Workers' Compensation Law is alleged.
  - (d) "Claimant" shall mean any person alleging or having a right to file a Claim against the Client for damages as a result of Client's duty or breach of duty under any various Workers' Compensation or Civil laws.
  - (e) "Client Program" or the "Program" shall mean the Client's self-insured workers' compensation program which qualifies in all respects to such self-insured programs as defined in the Missouri Workers' Compensation Law, as such law is herein defined.
  - (f) "Claims Payment Account" shall mean a bank account to be established by Client and to which Client will contribute the amounts agreed hereunder and from which Administrator may draw funds to pay Claims and Allocated Loss Adjustment Expenses required in the administration of Client's Program covered by this Agreement.

- (g) "Party" shall mean Client or Administrator as the context requires, and the term "Parties" shall mean both Client and Administrator.
- (h) "Loss Run" shall mean a computer generated listing of Claims that have been posted to Administrator's Claims Administration Information System.
- (i) "Loss Payment Accounting Record" means a computer generated listing of accounting activity in the Claims Payment Account, as described above (f), during the preceding month that has posted to the Administrator's Claims Administration Information System.
- (j) "Administrator's Authority Limit" shall mean the amount of settlement authority provided by the Client to Administrator for each Claimant, set forth in writing from time to time, which Administrator may utilize in its sole judgement to settle Claims as described herein.
- (k) "Missouri Workers' Compensation Law" shall mean such Law as defined in Chapter 287, revised Statutes of Missouri, 1978, as amended, and as such Law may be amended from time to time during the term of this Agreement, including any renewal or extension of such term.
- (l) "New Cases" are Claims reported to Administrator for handling that were not previously reported to a prior claims administration firm for handling.
- (m) "Take-Over Cases" are Claims reported to administrator for handling that were previously reported to and partially finalized by Client's prior claims administration firm.

## 2. Term

Administrator agrees to provide all services set forth herein to Client in connection with its self-insured claims exposures reported during the period commencing November 1, 2015 and ending October 31, 2016 unless earlier terminated pursuant to Section 3 hereof.

## 3. Termination

Unless explicitly renewed by the Parties in writing, this Agreement shall terminate on October 31, 2016. Any continuation or renewal of this Agreement shall be the subject of further

negotiation between Client and Administrator. This Agreement may be canceled at any time with or without cause by either Party giving the other Party written notice of cancellation sixty (60) days prior to the effective date of such cancellation.

If this Agreement is canceled by Client before October 31, 201 Client shall exercise one of the following options:

- (a) Client may require Administrator to conclude the handling of all Claims occurring during the term of this Agreement whether reported before or after the term of this Agreement, subject, however, to the terms, conditions and limitations of this Agreement. No additional fees will be charged by Administrator for handling Claims to their conclusion.
- (b) Client may require Administrator to return all open and/or finalized files to the Client. Such return of open and/or finalized files shall not result in a reduction in per-Claimant fees for all flat rate Claims referred to Administrator but not finalized prior to the effective date of termination.

#### 4. Compensation

Client shall pay Administrator fees as follows as compensation for the administrative services Administrator herein agrees to perform. Claims reported to Administrator during the Term of this agreement will be handled for the following rates:

##### CLAIMS ADMINISTRATION

| Type of Case                    | Expected Frequency |   | Flat Rate Per Claimant |   | Projected Total |
|---------------------------------|--------------------|---|------------------------|---|-----------------|
| Workers' Compensation Med. Only | 4                  | x | \$150.00               | = | \$ 600.00       |
| Workers' Compensation Indemnity | 15                 | x | \$950.00               | = | \$ 14,250.00    |
| General Liability               | 14                 | x | \$675.00               | = | \$ 9,450.00     |
| Auto Liability                  | 3                  | x | \$650.00               | = | \$ 1,950.00     |
| Auto Physical Damage            | 1                  | x | \$350.00               | = | \$ 350.00       |
| Professional Liability          | 2                  | X | \$900.00               | = | \$ 1,800.00     |
| First Party Property            | 0                  | x | \$600.00               | = | \$ 0.00         |

Total Claims Administration Anticipated Cost = \$ 28,400.00

At the end of each monthly period during the Term of this Agreement, Administrator will produce an invoice based on the actual number and types of Claims reported during the previous monthly period, as calculated using the rates displayed above. Such billings will be paid by Client to Administrator within thirty (30) days of such billing.

#### 5. Services To Be Performed

Administrator shall adjust, supervise, and administer fully the Client's Program in a manner so that such Program is at all times in full compliance with all current and future applicable laws, rules and regulations governing such self-insured programs; and, in fulfilling the foregoing obligations, Administrator will act as the independent contractor and/or representative of Client in all matters related to the administration of the Program.

In addition to the foregoing obligations, Administrator hereby agrees to perform fully all of the following duties:

- (a) To review all claim and/or loss reports with Claim and/or dates incurred during the term of this Agreement for all losses involving the hereinabove stated exposures to the Client.
- (b) To establish a file with respect to each Claim.
- (c) To investigate, to the extent deemed necessary in the mutual judgement of the Parties, all reported Claims as defined in Section 1 above.
- (d) To provide each Claim file with a written chronology of all actions taken with respect to the underlying Claim.
- (e) To furnish all claim forms necessary for proper claims administration.
- (f) To investigate, adjust, settle or resist all such losses and/or Claims as defined in Section 1 above within the per-Claim discretionary settlement authority limit of the Administrator as agreed upon by Administrator and Client.

- (g) To investigate, adjust, settle or resist all such losses and/or claims as defined in Section 1 in excess of the discretionary settlement authority limit of the Administrator with specific prior approval of the Client.
- (h) To assist in all litigation or other proceedings involving any Claim as directed by Client.
- (i) To retain all Claim files for a period of two (2) years after the applicable statute of limitations has expired. After this period, files will be returned to the Client or destroyed as Client requests.
- (j) To recommend adequate reserves and provide to Client a continuous review of such reserves and any required changes to such reserves.
- (k) To monitor all treatment programs recommended to a Claimant by any care provider.
- (l) To furnish to Client and/or its designees on a monthly basis, a Loss Run and Loss Payment Accounting Record Report. Administrator also shall furnish to Client and/or its designees on an as requested basis ad-hoc reports as may be available within its claims administration system.
- (m) To pay on claims check stock provided by Client, all payments required to be made in the administration of Client's Program and provide to Client a daily record of all such payments.
- (n) To prepare and file all reports required by any current or future applicable law, rule or regulation.
- (o) Discretionary settlement authority, as referred to in Section (F) & (G) above is \$ 0 .00 per claimant.

## 6. Covenants and Agreements of Client

Client covenants and agrees as follows:

- (a) Client appoints Administrator as its claims management company, as its agent and authorized Administrator to exercise in Client's behalf, Administrator's sole judgement and discretion to pay, settle, or resist all Claims within Administrator's discretionary settlement authority as stated in Section (5.0) above. Client reserves the right to advise Administrator to not pay any particular Claim or



to pay a lesser amount even within Administrator's discretionary settlement authority.

- (b) To pay to Administrator the fees prescribed in Section 4. If client fails to pay Administrator the fees prescribed in Section 4 and/or in accordance with the time frames set forth therein, Administrator may terminate this Agreement immediately, notwithstanding the sixty (60) days prior written notice set forth in Section 3. In the event of such immediate Agreement termination, the options upon termination as set forth in Section 3, shall not be available to Client, but instead Administrator shall return to Client all Claims and/or losses pending on the date of such termination for the Client to handle to a conclusion, and such handling shall not result in any expense or reduction of fees to Administrator.
- (c) To pay all Allocated Loss Adjustment Expense, as defined herein, in addition to the fees to be paid to Administrator as prescribed in Section 4 hereof.
- (d) To indemnify, protect, save, defend and hold Administrator and Administrator's directors, officers, attorneys, employees, shareholders, agents and other representatives wholly harmless from and against any and all loss, cost, damage or expense (including attorney's fees and costs incurred by Administrator in connection therewith) arising out of the administration or handling of any claims by reason of any negligent, grossly negligent or willful act or omission of Client or of Client's directors, officers, shareholders, attorneys, employees, agents or other representatives, taken or omitted to be taken pursuant to this Agreement, including, without limitation, any such loss, costs, damage or expense incurred by reason of the following:
  - i. Any act or omission of Administrator or any of Administrator's directors, officers, attorneys, employees, agents or other representatives taken or omitted to be taken at the direction of Client or any client's directors, officers, shareholders, agents, or other representatives;
  - ii. Administrator being named in litigation as the insurer of record or other capacity based upon its present or past relationship with Client;

- iii. The failure of Administrator or Administrator's directors, officers, attorneys, shareholders, employees, agents or other representatives to settle a Claim that could have been settled within Administrator's Authority Limit (so long as such failure to-settle does not result from a negligent, grossly negligent, or willful act, error or omission by Administrator or by any of Administrator's directors, officers, shareholders, attorneys, employees, agents or other representative); or
- iv. The failure of Administrator or Administrator's directors, officers, shareholders, attorneys, employees, agents or other representative to pay any Claim or Allocated Loss Adjustment Expense on a timely basis due to the failure of Client or Client's directors, officers, shareholders, attorneys, employees, agents or other representatives to comply with Section 6, subparagraphs (e) and (f) hereunder.

In the event Administrator or any of its directors, officers, shareholders, attorneys, employees, agents or other representatives, is named as a defendant in, or is otherwise obligated to defend, any such action asserting any Claim indemnified hereunder, Client will assume, at Client's expense, the defense of such actions on behalf of Administrator and its directors, officers, shareholders, attorneys, employees, agents or other representatives, as the case may be. Client shall have the sole discretion to select the attorneys who will defend any such action, provided, however, that Client shall exercise such discretion reasonably. Notwithstanding the foregoing, nothing herein shall waive any rights of any party hereto to contributory negligence claims or defenses with respect to any indemnity provided herein. This indemnity shall survive termination of this Agreement.

- (e) To provide sufficient funds to the Claims Payment Account to enable Administrator at all times to pay Claims and Allocated Loss Adjustment Expenses in accordance with the terms and conditions contained herein.

## Section 7 Covenants and Agreements of Administrator

Administrator covenants and agrees as follows:

- (a) To Client's right to assume the control and handling of any Claim at any time, and Administrator agrees to deliver promptly any Claim file to Client which it may request, but without any off-set or deduction from any of the fees or charges paid or payable by Client to Administrator under Section 4 above. The parties agree that at all times prior to and after the cancellation of this Agreement, all Claim files are owned by and are the property of Client. Claim files are subject to review by Client and its employees and authorized agents during Administrator's regular business hours, with reasonable prior notice.
- (b) To exercise reasonable efforts to manage the services provided hereunder in such a way and in such manner as to insure that every adjuster, claims investigator, and/or employee used by the Administrator or subcontracted to by the Administrator will adjust and/or investigate every alleged Claim or matter covered by this Agreement in accordance with this Agreement and any claim handling instructions as implemented from time to time.
- (c) To provide to Client, upon written request, certificate of insurance evidencing adequate General Liability Insurance, Automobile Liability Insurance, Workers' Compensation Insurance, Fidelity Coverage (Bond) and Errors and Omissions Insurance (Professional Liability Coverage).
- (d) To provide all necessary personnel to perform the services agreed upon herein.
- (e) To indemnify, protect, save, defend and hold Client and Client's directors, officers, shareholders, attorneys, employees, agents and other representatives wholly harmless from any and all loss, cost, damage or expense arising out of the administration or handling of any Claims by reason of any negligent, grossly negligent or willful act or omission of Administrator or of Administrator's directors, officers, shareholders, attorneys, employees, agents or other representatives, taken or omitted to be taken pursuant to this Agreement; provided, however, that Administrator shall have no obligation to indemnify anyone pursuant hereto with respect to the following:
  - i. Any act or omission of Administrator or any of Administrator's directors, officers, shareholders, attorneys, employees, agents or other representatives taken or omitted to be taken at the direction of client

or any of Client's directors, officers, shareholders, attorneys, employees, agents or other representatives,

- ii. Administrator being named in litigation as the insurer of record,
- iii. The failure of Administrator or Administrator's directors, officers, shareholders, attorneys, employees, agents or other representatives to settle a Claim that could have been settled within Administrator's Authority Limit (so long as such failure to settle does not result from a grossly negligent or willful act, error or omission by Administrator or by any of Administrator's directors, officers, shareholders, attorneys, employees, agents or other representatives), or,
- iv. The failure of Administrator or Administrator's directors, officers, shareholders, attorneys, employees, agents or other representatives to pay any Claim or Allocated Loss Adjustment Expense on a timely basis due to the failure of Client, Client's directors, officers, shareholders, attorneys, employees, agents or other representatives to comply with Section 6, subparagraphs (e) and (f) of this Agreement.

In the event Client or any of its directors, officers, shareholders, attorneys, employees, agents or other representatives, is named as a defendant in, or is otherwise obligated to defend, any such action asserting any Claim indemnified hereunder, Administrator will assume, at Administrator's expense, the defense of such actions on behalf of Client and its directors, officers, shareholders, attorneys, employees, agents or other representatives, as the case may be. Administrator has sole discretion to select the attorneys who will defend any such action, provided, however, that Administrator shall exercise such discretion reasonably. Notwithstanding the foregoing, nothing herein shall waive any rights of any party hereto to contributory negligence claims or defenses with respect to any indemnity provided herein.

8. Miscellaneous:

- (a) This Agreement shall be governed and constructed in accordance with the laws of the State of Missouri.
- (b) If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, such invalidity or

non-enforceability shall not affect any other provisions of this Agreement.

- (c) No waiver or modification of this Agreement or of any covenant, condition or limitation contained shall be valid unless in writing and duly executed by the Parties.
- (d) The failure of either Party to insist, in any one or more instances, upon performance of the terms or conditions of this Agreement shall not be construed as a waiver or a relinquishment of any right granted hereunder or of the future performance of any such term, covenant, or condition.
- (e) This Agreement is personal to the Parties and may not be assigned by either Party in whole or in part without prior written consent of the other Party.
- (f) Any notice to be given hereunder shall be deemed sufficient if in writing and delivered either personally or by certified mail, return receipt requested, to the following:

If to Administrator: Daniel J. Greco, Senior Vice President  
Corporate Claims Management, Inc.  
782 Spirit 40 Park  
Chesterfield, Missouri 63005

If to Client: Lynnette Kozar, Risk Manager  
City of Granite City, Illinois  
2000 Edison Ave  
Granite City, IL 62040

- (g) The headings of this Agreement are intended solely for convenience of reference and shall have no effect on the construction or interpretation of this Agreement.
- (h) Any controversy, claim or dispute arising out of or relating to this Agreement or the breach thereof that cannot be settled through direct discussions within thirty (30) days of notice of the dispute by either Party to the other, shall be submitted to arbitration administered by the American Arbitration Association, before one arbitrator, in Kansas City, Missouri. Judgement upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. This provision shall not impair or be in lieu of the rights of either party hereto to seek injunctive relief in a court of competent jurisdiction.

- (i) This Agreement shall be binding upon and inure to the benefit of each party hereto and their respective permitted successors and permitted assign.
- (j) If this Agreement has a value of \$10,000 or more over a twelve-month period, each party shall, for four years after furnishing Services, make available to duly-authorized federal or state representatives, upon request, the books, documents and records necessary to verify the nature and extent of the costs of Services for which payment may be made under a federal health care program (see 42 USC § 1395x(v)(1)(I) and the regulations pursuant thereto, 42 CFR § 420.300 et seq.). IF either party carries out any duties of this Agreement through a subcontract with a value of \$10,000 or more over a twelve-month period, the subcontract shall contain this same paragraph.
- (k) The U. S. Department of Health and Human Services has proposed or promulgated regulations to protect the privacy of individually-identifiable health information, pursuant to the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On or before the date compliance with the regulations is required, the Parties shall make any revisions to this Agreement that are necessary or prudent for compliance.

IN WITNESS WHEREOF, the parties by their authorized agents have caused this Agreement to be executed as of the date first written above.

On Behalf of  
City of Granite City, Illinois

On Behalf of  
Corporate Claims Management, Inc.

BY: \_\_\_\_\_

BY: \_\_\_\_\_  
Daniel J. Greco

TITLE: \_\_\_\_\_

TITLE: Senior Vice President

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

## CLAIMS ADMINISTRATION PROPOSAL

FOR

THE CITY OF GRANITE CITY, ILLINOIS

### PROPOSED WORK PLAN

Corporate Claims Management, Inc. was established on the premise that the risk management community was in need of a top quality independent claims management facility to specialize in the administration of self-insured workers' compensation and casualty programs, and which could remain flexible to meet the needs of the client at a reasonable price. Our knowledge and experience in managing claims administration programs for a wide variety of clients - from large, multi-state and international clients to small, locally based firms and many governmental entities - over 250 public entities in the Midwest - makes us a truly unique alternative to the City of Granite City program.

Corporate Claims Management, Inc. will appoint an Account Manager in its St. Louis office to handle the day to day operations of the program. The responsibilities of the Account Manager are:

1. To review the parameters of the current program with City personnel to assure it is best structured to meet the goals and objectives of the City.
2. To manage the claims staff assigned to the City's program.
3. To manage the claims payment process.
4. To coordinate the communication process for all account-related issues and concerns relative to the management of the program.
5. To provide quality assurance analysis of the City's designated Risk Management personnel.
6. To manage the Risk Management Information System to the specifications required.
7. To assist the City with selecting a qualified expert to provide an actuarial study of the City's program.

The basic services associated with these responsibilities are as follows:

1. Corporate Claims Management personnel will meet with City of Granite City representatives to discuss and review the parameters of the program as they respect the

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Third Party Claims Administration Services



various exposures in line with the requirements of the self-insurance program. Risk Management Information System Account Design structures will be reviewed and updated as necessary in accordance with the needs of the program, and all necessary claim forms will be provided. We recommend that a schedule of future meetings - to discuss individual claims, educational topics, and to foster clear lines of communication - be established at that time in line with the City of Granite City's needs.

2. Corporate Claims Management will continue to provide all management, technical, and support personnel to properly administer the program. In addition to the Account Manager, who will be the single-source contact for all inquiries relative to the program, Corporate Claims Management will provide the City of Granite City with a dedicated/designated adjusting staff possessing a minimum of five years workers' compensation adjusting experience as such additional staffing may be necessary to properly manage the frequency of claims reported. All assigned personnel are subject to approval by the City of Granite City.
3. Corporate Claims Management will utilize the loss fund banking arrangement preferred by the City of Granite City to pay losses and allocated expenses for claims reported to our office. The method of funding utilized for this loss fund account is at the sole discretion of the City of Granite City.
4. Corporate Claims Management will coordinate claims handling activities with City of Granite City's Human Resources and Risk Management personnel, will review and investigate all claim and/or loss notices reported by the City, and will recommend an initial reserve based on the results of that investigation. In all cases, Corporate Claims Management will initiate our investigation within twenty-four hours of our receipt of the loss. Corporate Claims Management maintains a twenty-four hour service so that serious losses occurring after normal working hours can be reported for immediate investigation. Standard investigation protocol will include but not necessarily be limited to:
  - a. Interview/statement of the injured claimant
  - b. Interview/statement of co-workers, supervisors, witnesses, and others that might have direct knowledge of the claim.
  - c. Any other investigation deemed appropriate by City of Granite City or CCMI staff.

Workers' Compensation losses will be adjusted in accordance with the requirements of the Division of Workers' Compensation and the State's workers' compensation law, including determination of compensability of reported injuries and illnesses. Corporate Claims Management will determine the eligibility for and authorize on the City of Granite City's





behalf, payment of medical benefits, as well as compensation for temporary and permanent disability in line with the authority granted by the City, utilizing any medical sources or advisory boards as may be deemed necessary and desirable.

5. Corporate Claims Management will establish a claim file for each loss reported. These files are the sole property of the City of Granite City, and are available for audit in our office or at any other mutually agreeable location at any time.
6. Corporate Claims Management will maintain adequate claim reserves and provide continuous review of these reserves throughout the life of the claim, subject to the review of the City of Granite City.
7. Corporate Claims Management will provide the City of Granite City with prompt and thorough status reports on all pending or closed claims as required.
8. Corporate Claims Management will enter statistical data from each claim reported into its Risk Management Information System (CS Prism for Windows®). The parameters of and information entered into this system will be customized to meet the changing needs of the City of Granite City. Corporate Claims Management will make the initial entry of claims data into its Risk Management Information System within forty-eight hours of our receipt of the loss notice for each claim assigned.
10. Corporate Claims Management will assist the City of Granite City in the completion of and will file any and all required reports to various governmental agencies as requested.
11. Corporate Claims Management will provide adequate security to prevent unauthorized access to claim files and other claim data.
12. Corporate Claims Management will review each claim file for the necessity of Medical Cost Containment Services, and will recommend the involvement of these managed care services when appropriate.
13. Corporate Claims Management will supervise and direct the activities by any outside vendor (surveillance, rehabilitation specialists, etc.) used in the course of the investigation of the claim. The selection of outside vendors is the choice of the City of Granite City. Corporate Claims Management will recommend appropriate outside vendors if requested by the City of Granite City.
14. Corporate Claims Management will provide Litigation Management services throughout the life of the file. The selection of defense counsel is the choice of the City of Granite City and/or its insurer, in line with the requirements of the policy of insurance covering such

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losses and occurrences. Corporate Claims Management will recommend appropriate defense counsel and other outside experts if requested. Our Litigation Management program is encompassed in our Claim File Expectations.

15. Corporate Claims Management will monitor all treatment programs recommended to a claimant by any care provider. The selection of medical providers is the choice of the City of Granite City, in accordance with applicable state statutes. Corporate Claims Management will recommend appropriate medical care providers if requested by the City.
16. Corporate Claims Management will provide notice to any Excess Insurers of all claims or potential losses which may exceed City of Granite City's per-occurrence reporting threshold if requested, and provide such insurers with necessary information on the current status of those claims including total aggregate loss information for the policy year.
17. Corporate Claims Management will take all necessary steps to preserve City of Granite City's and its insurer's rights regarding subrogation against responsible third parties.
18. Corporate Claims Management will pay all claim settlements only after review and approval by City of Granite City's Risk Management Department and/or its insurer, as may be required by the various policies of insurance issued for this program. This settlement authority does not limit the authority to pay workers' compensation statutory benefits, such as Temporary Total Disability and Medical Benefits, in accordance with applicable state statute on clearly compensable cases.
19. Corporate Claims Management will screen all files and recommend managed care services as necessary, based on the facts of the case.
20. Corporate Claims Management agrees that any information system data developed as a part of this proposal is the property of the City of Granite City.
21. Corporate Claims Management will provide City of Granite City personnel with access to our on-line Risk Management Information system. On-line features will include complete claim file access (including adjuster notes) and complete ad-hoc report writing capabilities as available through our Spectrum for Clients RMIS.
22. Corporate Claims Management will provide monthly claim and expense summary reports ("Batch Reports") in a manner and format mutually agreed upon by the City of Granite City, its insurer, and Corporate Claims Management, Inc during the initial set-up phase of the relationship. Either party may change these requirements with the permission of the others throughout the term of the relationship.

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23. Corporate Claims Management will provide customized, computer generated reports as may be requested by the City of Granite City to enable it to analyze claim trends and developments throughout the life of this contract. These will be produced at no additional charge to the City of Granite City, unless the scope of such report requires Corporate Claims Management to utilize outside computer programmers to develop such reports.
24. Corporate Claims Management will work with the City to identify a qualified firm to provide actuarial services as may be requested by the City during the term of this agreement. Fees for actuarial services charged by the selected firm will be in addition to the fees provided by Corporate Claims Management for its third party claims administration services as outlined herein.
25. Corporate Claims Management will continue to comply with the provisions of Section 285-525-285.550 RSMo as respects the employment or hiring of unauthorized aliens. Corporate Claims Management shall provide an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services, and agrees to continue to participate in the federal work authorization program, E-Verify for this purpose.



## CLAIMS ADMINISTRATION PROPOSAL

### CITY OF GRANITE CITY, ILLINOIS

START DATE: 10/19/2015

BID EXPIRES: 11/30/2015

The price basis of this proposal assumes 15 Illinois workers' compensation indemnity, 4 Illinois workers' compensation medical only, 14 general liability, 3 automobile liability claims, 1 automobile physical damage, and 2 professional liability claims. Actual fees charged will be reflective of the actual frequency of claims reported during each policy term.

#### CLAIMS ADMINISTRATION

#### FLAT-RATE-PER-CLAIMANT - LIFETIME HANDLING

| Type of Case                              | Expected<br>Frequency |   | Flat Rate<br>Per Claimant |   | Projected<br>Total |
|---|-----------------------|---|---------------------------|---|--------------------|
| Workers' Compensation Med. Only           | 4                     | x | \$150.00                  | = | \$ 600.00          |
| Workers' Compensation Indemnity           | 15                    | x | \$950.00                  | = | \$ 14,250.00       |
| General Liability                         | 14                    | x | \$675.00                  | = | \$ 9,450.00        |
| Auto Liability                            | 3                     | x | \$650.00                  | = | \$ 1,950.00        |
| Auto Physical Damage                      | 1                     | x | \$350.00                  | = | \$ 350.00          |
| Professional Liability                    | 2                     | x | \$900.00                  | = | \$ 1,800.00        |
| First Party Property                      | 0                     | x | \$600.00                  | = | \$ 0.00            |
| Takeover Open Files from Prior TPA        | 40                    | x | \$ 0.00                   | = | \$ 0.00            |
| Total Claims Administration Expected Cost |                       |   |                           | = | \$ 28,400.00       |

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**ADDITIONAL SERVICES:**

|  |                              |
|--|------------------------------|
| Quarterly Management Claim Reviews           | = \$ No Charge               |
| Monthly Claims Detail/Summary Loss Runs      | = \$ No Charge               |
| Special Ad-Hoc Claims Reports                | = \$ No Charge               |
| Annual Program Administration Fee            | = \$ No Charge               |
| Professional Services Fees                   | = \$ No Charge               |
| FIRSTNURSE- Nurse Case Management Triage     | = \$ 85 Per Call             |
| Loss Fund/Banking Fees                       | = \$ No Charge               |
| Remote Client On-Line – Spectrum for Clients | = \$ No Charge               |
| PRISM For Windows Account Design             | = \$ No Charge               |
| Installation Fees                            | = \$ No Charge               |
| Third Party Recovery (Subrogation)           | = Subcontract 25% of Savings |
| Medical Case Management                      | = Subcontract                |
| Medical Bill Review                          | = Subcontract                |
| Utilization Review                           | = Subcontract                |
| Pharmacy Program                             | = \$ No Charge               |
| Implementation Fees                          | = N/A                        |
| Travel Expenses                              | = \$ No Charge               |
| Administration of the MMSEA Requirements     | = \$ 5,000.00                |

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The Projected Total Cost in this quotation is an estimate of first year charges based on the information and actual past frequencies. Claims Administration Charges will be billed each calendar month, based on claims reported to Corporate Claims Management in the preceeding month.

This quotation does not include Allocated Loss Adjusting Expenses. Allocated Loss Adjustment Expenses are defined as the following:

- a. Medical examinations of claimants, including the reasonable and necessary transportation expenses of claimants.
- b. Reports from attending or examining physicians.
- c. Attorneys' fees and disbursements.
- d. Court reporter services and transcripts.
- e. Stenographic services and transcripts.
- f. Witness attendance fees.
- g. Court costs.
- h. Appeal bonds.
- i. Printing costs.
- j. Testimony, opinions, appraisals, reports, surveys, and analyses by professionals and experts.
- k. Automobile and Property appraisals.
- l. Trial and hearing attendance fees.
- m. Reports to or from government agencies or branches, including electronic submission to Missouri Division of Workers' Compensation.
- n. Private investigators.
- o. Medical or Vocational Rehabilitation.

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- p. Medical cost containment services including but not limited to hospital bill audit, provider bill audits, and medical case management incurred at the request of the client.

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## **CORPORATE CLAIMS MANAGEMENT, INC.**

### **CLAIM FILE EXPECTATIONS**

Corporate Claims Management, Inc. was founded on the premise that the risk management community was in need of a high-quality, sophisticated third party administrator that could custom tailor the delivery of its product to meet the specific needs of the client. Utilizing a well-trained staff and state-of-the-art risk management information systems, CCMI will provide the highest level of service available to investigate, evaluate, and understand losses that are experienced. Paramount to filling this role is the delivery of a well-handled claim file. In order to deliver a product that meets our client's needs, these Claim File Expectations have been developed that define how Corporate Claims Management expects its staff to manage the claims that are assigned. **Although it is important to recognize that each client's needs may be different, Claim File Expectations are to be used as our guiding principles, and may only be deviated from with written instructions from our client.**

### **INITIAL ASSIGNMENT/ACTIVITY**

Claim assignments will be accepted by the method most convenient to the client. Assignments may be made by telephone, FAX, courier, mail, through CCMI's On-Line accident reporting system or other means as necessary. All claim assignments received by FAX, courier, or mail shall immediately be date-stamped and given to the Account Manager or Claims Adjuster assigned to the account. Telephone calls to report claim assignments shall immediately be referred to the handling Account Manager or Claims Adjuster for immediate contact and investigation.

### **COVERAGE VERIFICATION**

All files must reflect proper documentation that coverage has been reviewed and is in order. Where coverage appears questionable, policy and jurisdiction issues must be explained. Employer/employee relationships must be identified and alternative policy availability must be researched. If a subsidiary company is involved in a loss, identify the company and their relationship with the named insured/client. Documentation must



file notes or on a separate sheet kept with the statement tape) relative to the contents of the recorded interview.

Initial investigation/documentation shall also contain comment relative to acceptance of or questions of compensability that need to be determined through continued investigation, the possibility of and steps necessary to proceed with the pursuit of subrogation against responsible third parties, coverage issues (including concurrent coverage or employment, or facts that might lead to a question of coverage) and an action plan detailing what further steps need to be accomplished in order to bring the claim to conclusion. All file documentation in these areas, as well as all other file documentation, must be complete enough to allow the reader of the file notes to have a clear understanding of the issues, actions, and action plans contained in the file. All file notes should contain a final comment detailing the plan of action to bring the claim to conclusion, or the next steps to be taken to bring the file closer to conclusion, a date that each of these items is expected to be concluded, and a diary date for the claim handler's next scheduled review. Unless the file clearly documents reasons for a longer diary, all files will be kept on a maximum diary period of 30 days.

For Liability losses, acceptable initial contact/investigation shall first include comment relative to coverage. Early recognition of coverage issues and timely and proper submission of coverage questions to appropriate resources shall be conducted concurrent with other investigation items, and non-waiver/reservation of rights notifications shall be issued in accordance with instructions from the client/insurer. Acceptable initial contact/investigation shall include productive contact with the client and claimant or their representative, as well as the establishment of good rapport with the claimant to avoid unnecessary legal actions, including first call settlement attempts, where possible. The use of form letters shall only be considered acceptable if attempts to contact the claimant are documented within the first 24 hour period after receipt of the assignment, or the file clearly reflects why contact with the claimant is not possible. The use of form letters shall never be considered an acceptable form of contact with the client. Claim files shall document (in the progress notes) a complete and detailed record of the results of this initial contact, as well as all future telephone or in-person conversations. Claim files shall document the discussion of an action plan developed between the client, claimant, and claims handler to bring the case to conclusion. All cases involving a known or suspected Bodily Injury shall contain a detailed, recorded or hand written statement of the injured claimant, as well as other parties and witnesses to the loss. Regardless of injury, cases (other than windshield cases) that will likely result in the denial of liability on behalf of the client shall also contain recorded or written statements of the parties to the loss as may be appropriate. In lieu of the completion of this requirement, files may be considered acceptable if there is clear and complete documentation as to why the statements were not obtained (for reasons such as that the party was incapacitated, the refusal by the party to allow the statement, or that it was in the claim handler's best judgment to not record a statement in an effort to control the claimant). All files containing a recorded statement shall also contain complete documentation (either in the

Initial reserves, to reflect the initial evaluation of probable ultimate cost of the loss, shall be entered into our Corporate Systems data base within forty-eight (48) hours of our receipt of a claim, and is to be based on the information known at the time, discovered through the initial investigation process.

For workers' compensation (other than medical only), all initial and subsequent reserves shall be based on calculations made on a reserve work sheet, detailing the various components of the medical, indemnity, and expense portions of the reserve. Either a manually completed or automated (CS) reserve work sheet will be considered appropriate. Manual reserve worksheets, if used, shall be signed and dated, and shall be kept on the left-hand side of the file jacket. Formula, bulk, and stair step reserving must be avoided. Elements of the Reserve Work Sheet must provide the specific breakdown:

Indemnity Reserve - Temporary Total Disability, Temporary Partial Disability, Permanent Partial Disability, vocational expenses, Permanent Total Disability, Death Benefits, dependency benefits, etc.

Medical Reserve - attending physicians, specialists, diagnostic testing, medication, rehabilitation, attendant care, transportation expenses, hospitalization expense, etc.

Allocated Expense Reserve - attorney fees, court costs, surveillance expenses, expert fees, medical cost containment fees, etc.

All reserve changes should be posted within 24 hours of fact development that clearly warrant the change. Reserves on fatal, permanent total disability, or other life time indemnity benefit cases are to be established based on tables mandated by the state's Workers' Compensation Act. Adequacy of reserves must be determined each time the file is reviewed and documented in the file.

For liability claims, all initial and subsequent reserves shall be based on calculations made on a reserve work sheet, detailing the various components of indemnity and expense portions of the reserve. Either a manually completed or automated (CS) reserve work sheet will be considered appropriate. Manual reserve worksheets, if used, shall be signed and dated, and shall be kept on the left-hand side of the file jacket. Formula, bulk, and stair stepping reserving must be avoided. Elements of the Reserve Work Sheet shall contain the following elements:

Indemnity Reserve - separate reserves for bodily injury and property damage. The worksheet must reflect the type of injury sustained or property damaged, funeral expenses, estimated medical expense, estimated wage loss, any permanency, general damages, etc.

party provider must only be made with the consent of the client. Upon assignment or referral, goals must be established and budgets agreed upon. File management remains the responsibility of Corporate Claims Management. In no instance is the file or any component of the file to be abandoned to the medical case management firm.

All catastrophic losses are to be reported to a qualified medical management specialist within 24 hours or receipt of the first report for initial assessment and review.

## **LITIGATION MANAGEMENT**

It is Corporate Claims Management's philosophy that Litigation Management begins from the moment an assignment is received from our client. The most beneficial way to manage the client's litigation exposures, and thereby reduce the client's litigation expense, is to conduct a timely, complete investigation and to evaluate the case fairly, based on its merits. Early claimant contact, effective claimant control, and continued claimant communications throughout the life of the file - all very basic claims handling methods - will benefit the client's litigation experience through a reduction in the amount of lawsuits filed.

Despite our best efforts, however, litigation is and will continue to be a part of the claims adjusting process. Differences of opinions relative to coverage, liability, compensability, and damages are sometimes not negotiable. As well, plaintiff oriented attorney practices foster pro-litigation attitudes that are, sometimes, not avoidable. As a result of these unavoidable factors, and as a result of the escalating costs associated with litigation, Corporate Claims Management has developed the following procedures to serve as a guideline for managing the litigation process on behalf of our clients.

It is incumbent upon Corporate Claims Management to provide the finest quality defense in an efficient and cost effective manner for our clients. We fully recognize that the client must have input in the selection of defense counsel, and commit that the client will be allowed to choose appropriate counsel on each assignment. Likewise, we fully recognize that, because of the nature of some of the claims we're assigned, the most efficient and cost effective defense may require the assignment to defense counsel *in anticipation* of litigation to preserve the attorney/client privilege, and to protect the information that might be discovered during the course of our investigation. While, under these circumstances, we will be instructed and guided by counsel, in no case, however, will Corporate Claims Management abandon the responsibilities entrusted to us by the client to defense counsel.

Effective and economically sound litigation management is achieved by close teamwork between the CCMI Account Manager, defense counsel and our client. Our objective is best achieved by establishing a sound, long-term relationship with defense counsel. Through this "partnership" relationship, we and defense counsel can best understand and be most responsive to the needs of our clients.

## **Case Development**

The development of a focused and strategically sound legal defense is the joint responsibility of counsel and the Account Manager, with ultimate concurrence by the client. Upon receipt of Defense Counsel's acknowledgment, all parties should develop an action plan and corresponding budget relative to the defense of the lawsuit. Elements of the action plan should include but not be limited to the following:

1. Identifying and developing all appropriate liability issues
2. Bringing viable third-party actions and/or cross complaints against co-defendants
3. Developing the defense of contributory or comparative negligence
4. Raising causation issues relative to the damages claimed
5. Analyzing critically the basis of all damage claims
6. Exploring the viability of Alternative Dispute Resolution (ADR)

Direction of the overall claim investigation is the responsibility of CCMI. Investigation shall be conducted by claims personnel with guidance from counsel where appropriate. Counsel shall not conduct investigation without specific instruction from or approval by CCMI or the client. All requests for investigation must be addressed to CCMI. The Account Manager will then secure the investigation information, utilizing field investigators as needed, or authorizing formal discovery where appropriate. Expert witnesses, including medical witnesses shall not be engaged without prior CCMI approval, with concurrence by the client. Independent medical examinations will be scheduled by CCMI. Any exception to items in this paragraph must be approved in advance by the client.

CCMI shall evaluate the use of motions and depositions, directing their effort toward having a positive and value added impact on the case. Motions or depositions that do not advance the case or provide a realistic strategic value will not be authorized. Further, all Motions for Summary Judgment, Demurrer, In Limine, etc., discovery motions, and third party actions must have pre-approval by CCMI, with concurrence of the client.

The propounding of Interrogatories to the Plaintiff must have approval of CCMI and the client, and must be forwarded to CCMI prior to being served on the Plaintiff. Likewise, Plaintiff's Interrogatories directed to the client should be completed by the client, with assistance as required by CCMI.

events. Counsel must report on all files at least every six months, even if there has been no activity.

CCMI will instruct Counsel that depositions and other discovery should be briefly summarized and a written report submitted within 14 days of the deposition or receipt of discovery. The report should include counsel's impression of the witness, the effect upon the case, the effect upon the defense strategy, and any recommended future activity resulting from the receipt of discovery.

Counsel will be instructed to notify CCMI of any settlement conference or trial date as soon as the date is set, even though these dates are frequently postponed. If a date is postponed, counsel must notify CCMI of the new date as soon as it is established.

Counsel will be instructed to provide the following types of documentation as they develop:

1. defense's answer to the lawsuit
2. any amended complaints
3. any third party pleadings
4. copies of pleadings and motions filed
5. correspondences and reports
6. releases, dismissals, or judgments

### **Budgets**

Together with the Assignment Acknowledgment Form, counsel will be instructed to submit an initial Litigation Budget. This budget will include all activity anticipated for the first six months of the litigation, implementing the litigation instructions and other agreed activities to achieve meaningful file development, and focused legal activity within that period. Any changes to this budget should be discussed with CCMI immediately. Counsel will be instructed to prepare additional budgets for the entire life of the file, at six month intervals. Whenever any fact, opinion or evaluation changes, a new budget may be prepared, reflecting the changed circumstances.

### **Approved Billing Practices**

CCMI must be advised of billing rates prior to retention of counsel. Increases in any billing rate must be provided in writing prior to the effective date of the increase. Counsel will be instructed to submit invoices on a regular, quarterly basis from the date

## **CLAIM RECOVERY**

Incumbent to our role as claims adjusters and administrators on behalf of our clients is the evaluation of each claim assignment for the possibility of contribution or recovery from responsible third parties and other methods of loss mitigation, such as the sale of salvage, offsets against second injury funds, social security benefits, or other such offsets. While workers' compensation benefits owed to the injured employee are regulated by state statute, and while indemnity payments on behalf of our clients might be warranted because of the facts of a liability case, we must always look for ways to reduce our client's losses by recognizing and pursuing contribution from joint-tortfeasors or responsible third parties to the loss. Although we are not an insurance company that is "subrogated to the rights of our insured", sound claims judgment should be utilized to the benefit of our client in this regard, as with all aspects of our contractual responsibilities.

Each claim assignment should be evaluated for the existence of third party recovery or contribution, and should be documented accordingly in the claims progress notes. For self-insured accounts, third party recovery or contribution possibilities should immediately be referred to the client for recommendation and advice, as certain business relationships or contractual obligations outside of the subject claim may prohibit the active solicitation of contribution or recovery efforts in certain instances.

In every case, however, recovery potential must be recognized, investigated and pursued in a timely fashion. The claim file should reflect a strategic approach in developing and pursuing recovery, including on-site investigations and use of experts in evaluating loss. Aggressive pursuit resulting in claims recoveries will mitigate the client's ultimate loss figure. If recovery potential is not applicable, the file will be documented with an explanation.

All proceeds from recoveries must be made payable to our client, unless specifically instructed in writing by the client to the contrary.

## **CLAIM FILE MANAGEMENT**

Inherent to all high-quality claim products is the existence of a clearly defined claim resolution strategy that outlines the expected course of the claim file through closure. The utilization of stated goals and objectives, including established time frames for the completion of tasks essential to the proper handling of the file, is a requirement of all claim files entrusted to Corporate Claims Management by our clientele. Documentation of the claim resolution strategy, including an outline of work to be completed, must be

Corporate Claims Management has committed to each client that it will provide unparalleled risk management information systems as a tool by which our clients can develop loss information to meet their specific needs. We must remain dedicated to the collection of accurate and useful data in line with these needs if we are to remain an integral part of the client's overall risk management program. Basic to that commitment is the development of detailed Corporate Systems Account Design that is custom-tailored to meet those client-specific needs. In all instances, the Corporate Systems Account Design will be developed in concert with the instructions and risk information needs of the client. Claim Number sequences, Location Code structures, Cause of Loss codes, and any Special Analysis format will be detailed in the Account Design to allow for an end-user friendly data base encompassing the needs of the client. Corporate Claims Management personnel must constantly look for ways to fine tune the data collection elements to meet the ever-changing needs of each of our clients.

Each Claims Assistant, Claims Adjuster, Account Manager, Claims Supervisor and Claims Manager have the responsibility to insure that the data entered into the Corporate Systems database is one hundred percent accurate. This responsibility not only includes the person that initially enters the data, but extends to each person that handles or reviews the claim file throughout the adjusting process. Any data error detected must be corrected immediately. Claims Supervisors and Managers must be aware of trends in carelessness and inaccuracy, and are responsible for counseling the employee on the need for error-free risk information data. Non-compliance in meeting Corporate Claims Management's objective of one hundred percent data accuracy will be considered equal to failing to meet any other claim related objective of these Expectations. Continued non-compliance in meeting these objectives will impact the employee's performance evaluation in the same fashion as non-compliance in any other facet of the employee's responsibility.

Loss payment codes, which are entered into the system each time a payment is requested, must also be one hundred percent accurate. Inaccurate payment coding will be tracked by the Claims Manager and/or Claims Supervisor, and will become a part of the employees performance evaluation.

The Corporate Systems claims administration system has sufficient safeguards to prevent duplicate payments of claims. ANY INSTANCE OF DUPLICATE CLAIMS PAYMENTS MUST BE ADDRESSED IMMEDIATELY BY THE CLAIMS MANAGER AND/OR CLAIMS SUPERVISOR, WITH APPROPRIATE CORRECTIVE ACTION TAKEN.

As important as accuracy in data collection is timeliness. Client decisions that are contingent upon the data that Corporate Claims Management collects must be made on information that is both accurate and timely. Data from new claims assignments must be entered into the claims administration system within forty-eight (48) hours of our receipt of the loss notification. Information received that changes the financial implications of the loss or any other facet of the claim must be entered within twenty-four (24) hours of our receipt of such notification or information. Timeliness of data collection will be

It is important to remember that the claimant's current Medicare eligibility has no bearing on the Primary Payer's responsibility to protect the Medicare Fund from future liability. Even if the claimant is far from meeting the age requirements of Medicare or is not eligible for SSDI or currently has no other Medicare-eligibility triggers, should medical expenses be probable at a time where Medicare eligibility is likely, steps must be taken to protect shifting of those future expenses to the Medicare fund.

The Medicare Secondary Payer Act does not define a "Medicare Set-Aside". The Medicare Set-Aside is not a requirement of the MSP, its regulations, or any other law. Since 2001, however, the Medicare Set-Aside allocation has served as Medicare's PREFERRED method of determining compliance with MSP and minimizing future Conditional Payments for workers' compensation cases.

Medicare's acceptance of the MSA as the preferred method for analyzing a primary payer's obligation for funding future medical expenses was re-emphasized by CMS memorandum in 2011:

"Medicare's interests must be protected; however, CMS does not mandate a specific mechanism to protect those interests. The law does not require a "set-aside" in any situation. The law requires that the Medicare Trust Funds be protected from payment for future services whether it is a Workers' Compensation or liability case. There is no distinction in the law. The Set-Aside is our method of choice and the agency feels it provides the best protection for the program and Medicare beneficiary."

While the Medicare Set-Aside is not required on *ANY* case, the requirement upon a "primary payer" to protect Medicare's future interests in line with the provisions of the Medicare Secondary Payer Act is *ABSOLUTE*. To defend a claims handler's actions against assertions that it failed to properly consider Medicare's interests when resolving a case where the Medicare Fund is exposed, the claim file must clearly document that Medicare's interests were considered and that reasonable attempts to protect the fund were undertaken.

Not every claim needs an MSA. Medicare Set-Asides are only indicated when closing cases which involve a reasonable probability of future medical treatment. A Medicare Set-Aside allocation is not recommended when all of the following three conditions are present:

- ✓ The facts of the case demonstrate that the injured individual is being compensated for past medical expenses only.
- ✓ There is no evidence that the individual is attempting to maximize the other aspects of the settlement to Medicare's detriment.



*Example: A claimant started receiving \$15,000 a year in annual payments beginning in 2001. In 2005, the claimant incurred additional treatment totaling \$35,000. Since the claimant kept detailed records of the payments, Medicare covered the additional \$20,000. In 2008, only \$10,000 was spent towards medical. The claimant now has to show Medicare \$20,000 was spent on medical in 2009 for Medicare to begin paying since the \$5000 from 2008 carried over.*

There are a number of different annuity options available.

- **Temporary Life:** Provides annual payments for the claimant's rated life expectancy provided from the MSA. Payments stop at death or forecasted life expectancy. This is the most economical choice as the life company has the benefit of stopping benefits upon an early death. In addition, if the claimant lives beyond the forecasted life expectancy the life company stops payments, and Medicare would begin paying for treatment after the MSA funds are exhausted, as the MSA would be considered fully funded.
- **Life Only:** Annual payments are made for the claimant's entire life. Payments stop once the claimant dies.
- **Period certain:** Guarantees payment annually for the claimant's life expectancy regardless if the claimant is living. Therefore, if the claimant passes away early, annual payments would continue to the family or beneficiary even though medical treatment has stopped.

*Example: A medical settlement funded with an annuity has a premium of \$300,000. The claimant has a life expectancy of 20 years, but passes away in five years after only receiving \$50,000 of the annuity. The type of annuity depends on what will happen next.*

- *A temporary life and a life only annuity would end payments immediately.*
- *A period certain would continue payments for the agreed amount of years to the designated beneficiary.*

Many factors, including the life expectancy of the claimant, the timing of future medical procedures, the size of the "seed money" required as an up-front payment and other factors will play into the ultimate decision of whether a lump-sum MSA or annuity-based MSA is the right choice. However, given the cost differences realized by the use of an annuity-based MSA versus a lump-sum payment, annuity-funded options on any case involving an annuity cost in excess of \$10,000 should be explored and discussed with the client.

CMS requires that every Medicare Set-Aside be administered by a competent administrator. CMS allows for self-administration of the funds OR professional administration of the funds.

## **PROPERTY DAMAGE SETTLEMENTS**

Claims for property damage arising from the alleged incident must be clearly documented in the form of written damage appraisals or repair estimates. Corporate Claims Management personnel are encouraged to utilize independent damage appraisers familiar with the type of property damaged to analyze the amount of damages attributable to the alleged incident. Property damage losses resulting in claims for less than \$1,000.00 may be settled on the basis of a written repair estimate, so long as the claimant has supplied at least two independent, itemized repair estimates detailing the scope of repairs contained in the estimate. Open items must be clearly defined and contained in the written repair estimates, and duly noted in the claim file. PRIOR TO RECOMMENDING SETTLEMENT OF ANY PROPERTY DAMAGE CLAIM ON THE BASIS OF COMPETITIVE REPAIR ESTIMATES, ALL ESTIMATES MUST BE SUBMITTED TO A QUALIFIED ESTIMATE REPAIR AUDIT FACILITY (SUCH AS N.A.I.B.) TO DOCUMENT THE REASONABLENESS OF SUCH ESTIMATE, AND TO ACHIEVE AN AGREED REPAIR PRICE WITH THE REPAIR FACILITY OF THE OWNER'S CHOICE. In all cases of claims for property damage in excess of \$1,000.00, independent damage appraisers must be utilized to detail the scope of damages resulting from the alleged incident, and to obtain an agreed repair price with a repair facility of the property owner's choice.

Claims for loss of use must be supported by written documentation. When it is necessary to procure a temporary replacement vehicle to control the damages claimed, such replacement vehicle must be arranged on behalf of our client, clearly identifying our client as the party responsible for payment of the charges associated with the replacement vehicle. Claim files must document the authorized length of the replacement vehicle's service, as well as the daily rate agreed to by the rental company and CCMI on our client's behalf. Documentation supporting the authorized extension of temporary replacement vehicles must be contained in the claim file. At no time will other loss of use type claims (such as "down-time") be considered without written, verifiable documentation relative to the amount and type of such claim being contained in the claim file. Absent of specific state procedural guidelines (such as is currently present in North Carolina) Loss of Value type claims will not be considered unless written, verifiable, expert testimony has been offered which clearly identifies the scope of the loss of value as it relates to the subject claim.

It is Corporate Claims Management's responsibility to bring about cost-effective, good faith resolutions to all claims that are presented to our clients. Claim settlements can only be offered in line with documentation provided and supported by the evidence of fault or responsibility of our client. At no time will ex gratia payments be allowed by any Corporate Claims Management employee. "Cost of Defense" settlements, in an amount over the actual value range of the subject claim, are strongly discouraged, and can only be offered with the express permission of the client.

RESOLUTION TO RENEW EMPLOYEE HEALTH INSURANCE  
COVERAGE IN 2016, WITH BLUE CROSS/BLUE SHIELD

WHEREAS, the City of Granite City is a Home Rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970.

WHEREAS, the City selected Blue Cross/Blue Shield to provide health care coverage in 2013, 2014, and 2015, after determining Blue Cross/Blue Shield to be the lowest responsible bidder, each time following a competitive bid process starting in late 2012; and

WHEREAS, Blue Cross/Blue Shield proposes it provide health insurance coverage for City employees in calendar 2016, with an increase of approximately 28.5% in the City's total annual premium from the current figure of approximately \$1,434,817.00 for calendar 2015 coverage, to a new total annual premium of \$1,843,997.00.

NOW, THEREFORE, be it resolved by the City Council of the City of Granite City, Illinois, that the Office of the Mayor is authorized to contract, per the attached, for renewal of health insurance coverage for the City's full-time employees and dependents (appointees and those entitled to such coverage under their collective bargaining agreements) in calendar 2016, for an annual premium of approximately \$1,843,997.00.

APPROVED this \_\_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, City Clerk



BlueCross BlueShield  
of Illinois

11/20/2015

CITY OF GRANITE CITY  
2000 EDISON  
GRANITE CITY, IL 62040

**Group number(s): P46245, P46305**

**Renewal Effective: 01/01/2016**

**IMPORTANT RENEWAL BENEFIT PROGRAM CHANGES**

Dear Group Administrator :

Our underwriters have evaluated the 01/01/2016 renewal of the group insurance coverage for CITY OF GRANITE CITY . The current and renewal information is enclosed.

This renewal reflects our continued commitment to adjusting to changes in the industry. ***As part of those changes, we are also gathering information with respect to your plan(s)' grandfathered status. Important details and instructions are enclosed. (Where applicable)***

Beginning in 2014, the Affordable Care Act (ACA) required that covered entities providing health insurance ("health insurer") pay an annual fee to the federal government. This is commonly referred to as the Annual Fee on Health Insurers or "Health Insurer Fee." The amount of this fee for a calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums from the preceding calendar year. In addition, ACA provides for the establishment of temporary transitional reinsurance program(s) that runs from 2014 through 2016 and is funded by reinsurance contributions ("Reinsurance Fee") from health insurance issuers and self-funded group health plans. Federal regulations establish a flat, per member, per month fee. Your premium, which already accounts for current applicable federal and state taxes, includes the effects of the Health Insurer and Reinsurance Fees.

Thank you for doing business with Blue Cross and Blue Shield of Illinois. We appreciate your continued trust in our organization, and will strive to continue to exceed the service needs of you and your employees.

Please contact your Broker/Producer or Account Representative if you have any questions.

Sincerely,

KNEPLER, DEANNA L  
Account Representative

cc:

No Agent Of Record On File

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,

300 E. Randolph St. • Chicago, Illinois 60601-3713 • 312/653-6000 • [www.bcbsil.com](http://www.bcbsil.com)

*Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association*



**BlueCross BlueShield  
of Illinois**  
**Renewal Exhibits for CITY OF GRANITE CITY**  
 Group number(s): P46245, P46305  
 Renewal Effective: 01/01/2016  
 Rate Effective: 01/01/2016

| <u>Current Health Plan(s)</u> | <b>Current Health Monthly Rates</b> |                       |                           |               |                                |                                  | <u>Total Monthly Health Cost*</u> | <u>Estimated Taxes &amp; Fees</u> |
|-------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|                               | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> | <u>Medicare Primary Single</u> | <u>Medicare Primary Single+1</u> |                                   |                                   |
| NPSC1807                      | \$435.52                            | \$861.02              | \$774.61                  | \$1,200.11    | \$258.57                       | \$517.16                         | \$115,872.26                      | \$5,095.13                        |
| Contracts                     | 45                                  | 26                    | 25                        | 45            | 2                              | 0                                | 143                               |                                   |
| NPP11123                      | \$620.75                            | \$1,227.19            | \$1,104.04                | \$1,710.50    | \$368.55                       | \$737.09                         | \$3,695.88                        | \$215.32                          |
| Contracts                     | 2                                   | 2                     | 0                         | 0             | 0                              | 0                                | 4                                 |                                   |
| Total Monthly Health Cost*    |                                     |                       |                           |               |                                |                                  | \$119,568.14                      | \$5,310.45                        |
| Total Health Contracts        |                                     |                       |                           |               |                                |                                  | 147                               |                                   |

\* Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

| <u>Renewal Health Plan(s)</u> | <b>Renewal Health Monthly Rates</b> |                       |                           |               |                                |                                  | <u>Total Monthly Health Cost*</u> | <u>Estimated Taxes &amp; Fees</u> |
|-------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|                               | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> | <u>Medicare Primary Single</u> | <u>Medicare Primary Single+1</u> |                                   |                                   |
| NPP11123                      | \$777.31                            | \$1,547.57            | \$1,415.61                | \$2,185.87    | \$472.61                       | \$945.24                         | \$4,649.76                        | \$145.62                          |
| Contracts                     | 2                                   | 2                     | 0                         | 0             | 0                              | 0                                | 4                                 |                                   |
| MPSC1807                      | \$551.80                            | \$1,098.60            | \$1,004.93                | \$1,551.73    | \$335.51                       | \$671.01                         | \$149,016.72                      | \$4,667.03                        |
| Contracts                     | 45                                  | 26                    | 25                        | 45            | 2                              | 0                                | 143                               |                                   |
| Total Monthly Health Cost*    |                                     |                       |                           |               |                                |                                  | \$153,666.48                      | \$4,812.65                        |
| Total Health Contracts        |                                     |                       |                           |               |                                |                                  | 147                               |                                   |

\* Total Monthly Health Cost includes the effects of ACA Fees, plus any federal and state taxes applicable to these fees.

| <b>Health Renewal Premium Change Components</b>      |               |
|--|---------------|
| a. Account/Benefit Program Adjustment (incl. Trend): | 7.11%         |
| b. Demographic Adjustment:                           | -0.91%        |
| c. Change in Risk:                                   | 21.09%        |
| <b>Total*</b>  | <b>28.52%</b> |

\* The total health renewal premium change percentage is calculated by multiplying each of the components in the above table. This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.

**Change Component Definitions**

- a) Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
- b) Demographic Adjustment is the pricing change for age, gender, group size and dependent composition differences.
- c) Change in Risk is the pricing change resulting from BCBSIL's analysis of medical conditions and experience.



**BlueCross BlueShield  
of Illinois**

**Renewal Exhibits for CITY OF GRANITE CITY**

Group number(s): P46245, P46305

Renewal Effective: 01/01/2016

Rate Effective: 01/01/2016

\*Total Monthly Health Cost includes the effects of ACA Fees, plus any federal and state taxes applicable to these fees.

**Health and Non-Health Renewal Notes:**

- This quote assumes BCBSIL will be the only carrier providing coverage to the employer group's employees. BCBSIL reserves the right to change premium rates if BCBSIL is not the exclusive carrier. Groups must promptly notify BCBSIL if BCBSIL will not be the exclusive carrier.
- The health and/or dental rates shown are guaranteed for twelve (12) months from the renewal effective date and have been priced in accordance with Health Care Service Corporation's (HCSC) current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- Should coverage under one of the benefit programs be terminated or a significant change occurs in enrollment (20% or more), we reserve the right to adjust the monthly premium rates upon 30 days prior notice within the twelve month renewal period. We also reserve this right should future legislation or administrative rulings result in obligating HCSC to pay new taxes or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- If Medicare rates are shown, those are only applicable for employees and dependents that have Medicare as their primary coverage. The actual billed premium rates where split Medicare contracts exist will differ from the rates appearing on this renewal exhibit and enclosed proposal depending on an individuals' primary/secondary coverages, active-at-work/retired status and the number of employees within the group.
- For Government Plans and Church Plans, HCSC's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, HCSC's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise HCSC of your position in writing as soon as possible.
- This renewal offer assumes the contract will be issued in Illinois.



## **Affordable Care Act Information**

Notwithstanding anything in the renewal or proposal to the contrary, BCBSIL reserves the right to revise or withdraw our offer or to change our charge for the cost of coverage (premium or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSIL to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or prorated amounts).

### **NOTICE: AFFORDABLE CARE ACT (ACA) FEES**

ACA established a number of taxes and fees that affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or "Reinsurance Fee." Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees help to stabilize premiums in the individual market.

Your premium, which already accounts for current applicable federal and state taxes, includes the effects of the Health Insurer and Reinsurance Fees.



BlueCross BlueShield  
of Illinois

## *The Affordable Care Act:*

### Summary of Benefits and Coverage

Under the Affordable Care Act, all health insurers and group health plans are required to provide consumers with a Summary of Benefits and Coverage (SBC). The SBC is a description of the benefits and health coverage offered by a particular plan.

Accordingly, as outlined in the attached Summary of Benefits and Coverage Notice to Policyholder, beginning on the first day of the open enrollment period for the Policy Renewal Date, Blue Cross and Blue Shield of Illinois will provide the SBC to employer groups so that they are able to promptly distribute the SBC to participants and beneficiaries.

Brokers and Group Administrators can use the SBC Tool to search, download and email Standard Plan SBCs. Please see the back of this card for instructions.





BlueCross BlueShield  
of Illinois

**Follow these steps to create a Summary of Benefits and Coverage (SBC):**

1. Log in to Blue Access for Employers (BAE)<sup>SM</sup> or Blue Access for Producers (BAP)<sup>SM</sup>
2. Click the appropriate link to access the SBC Tool
  - a. For BAE, click **Account Summary** link on the left to expand; Select **Health Plans** then click **Display** and select the **View Standard Plan SBC Tool** link.
  - b. For BAP, click **Products & Forms** on the left; click on the **Summary of Benefits and Coverage** link on the right.
3. Follow these steps to find and customize an SBC:
  - a. Select the appropriate **Plan Year** and **State** (both fields are required). Click the **Search** button to display available SBCs.
  - b. To narrow search results, you can enter values in **Product Type, Plan ID, Plan Name and/or Language** fields.
  - c. Once SBC is selected, click the **Select** button next to the **Plan ID** column.
  - d. Enter **Coverage Effective Date & Coverage Ending Date** using the following formats:
    - English: MM/DD/YYYY or
    - Spanish: DD/MM/YYYY
  - e. Click **Coverage For** and select appropriate value.
  - f. Click **Generate Summary**.
  - g. Proof your SBC.
  - h. If changes required, click **Edit**. You will return to Customize SBC screen.
  - i. For the final SBC, there are two options for distribution:
    - For a single recipient, the customized SBC can be emailed from the system. If applicable, remember to change the default email to the intended recipient's email and click **Send**.
    - For multiple recipients, the customized SBC should be saved to your hard drive and then emailed.
  - j. To send the SBC to another recipient, clear the field and enter a new address and click **Send**.
4. To customize a different SBC, click **Return to Results**.
5. When completed, log out by clicking the red **X** at the top of the browser window.

**Reminder – always create a new customized SBC for each request to ensure the most up-to-date material is being distributed**

**Note:** If the group health plan makes a plan change, an updated SBC can be retrieved using the same process.

**Technical Assistance**

If you need assistance while using the SBC Tool, Please call (855) 756-4448



# Important Notices

## I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

### A. SPECIAL ENROLLMENT PROVISION

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)** If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

**Loss of Coverage For Medicaid or a State Children's Health Insurance Program**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption**

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program**

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

**To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

## **II. Additional Notices**

Other federal laws require we notify you of additional provisions of your plan.

### **NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)**

#### **For plans that require or allow for the designation of primary care providers by participants or beneficiaries:**

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

**For plans that require or allow for the designation of a primary care provider for a child:** For children, you may designate a pediatrician as the primary care provider.

#### **For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:**

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

**For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

## **IMPORTANT RENEWAL INFORMATION**

Thank you for allowing Blue Cross and Blue Shield of Illinois (BCBSIL) the opportunity to provide group benefits coverage. We are proud of the relationship we have developed with you and will continue to strive to meet your needs for quality health care coverage while managing health care costs.

Please find the following information enclosed within your renewal package:

- Product & Instructions (see below)
- Renewal Rate Exhibit
- Renewal Alternative Proposal
- Grandfathered Health Plan Form (Where applicable)

## **RATE EXHIBIT INFORMATION:**

In the Renewal Health Monthly Rates section, if the renewal health plan number begins with an "M" which means the offered plan(s) reflects the benefit design of a NON-grandfathered health plan. **More information about the specific plan(s) are shown in the enclosed RENEWAL ALTERNATIVES PROPOSAL. All of them have preventive care benefits not subject to any member cost sharing when using a network provider.**

For the majority of benefit programs, it represents the most similar plan to the current plan. For other benefit programs, the offered renewal plans represent some added differences. The plans with added differences include:

- Current PPO or Blue Choice Select plans with \$0, \$100, \$200, \$250, \$300 and \$400 deductibles;
- Current PPO or Blue Choice Select plans with \$500 or higher deductibles with \$5/\$10/\$25 or \$10/\$20/\$35 prescription drug cards and/or \$10 physician office co-payments;
- HMO plans with \$10 or \$15 physician office co-payments only.
- HMO plans with \$20 or \$30 physician office co-payments and \$5/\$10/\$25 or \$10/\$20/\$35 prescription drug cards;

**Additionally, if you are interested in a grandfathered health plan and to be eligible for it at renewal:**

1. Your current plan must qualify as grandfathered health plan under the Affordable Care Act and its regulations;
2. You must complete the Grandfathered Health Plan Form; verify that the plan is a grandfathered health plan;
3. You must submit the completed and executed Grandfathered Health Plan Form by no later than 10 days prior to your renewal date.

## **IMPORTANT NOTICES DOCUMENT**

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers to notify all eligible employees of important provisions in their health care plans:

- The employees' right to enroll in the plan under the "special enrollment provision."

Please copy and distribute the enclosed *Important Notices - Initial Notice about Special Enrollment Rights in Your Group Health Plan and Additional Notices* directly to all of your employees as soon as possible.

NOTE: This notice must also be given to each new employee prior to his or her enrollment in, or declination of, health coverage, and must be redistributed **each year** at open enrollment.

## **INSTRUCTIONS:**

### **RENEWAL GUIDELINES (WITH OR WITHOUT A REQUESTED PLAN CHANGE)**

The **BPA** should be used to note the group's eligibility requirements, premium period and employer contribution levels. The **BPS** form should be used for the group's health, dental and life product selections.

If a group makes a change to their eligibility provisions, but not to their benefit plan selections, the BPA can be submitted without a BPS form. If a group makes a change to their benefit plan selections, but not to their eligibility provisions, a BPS form can be submitted without a BPA. If a group makes changes to their eligibility provisions and benefit plan selections, both the BPA and BPS forms must be submitted.

If changes are being requested, either or both of these forms must be completely filled out and returned to our offices, along with any required employee enrollment applications, **30 days prior to the renewal date**. A BPA or a BPS form can be downloaded from our website at [bcbsil.com](http://bcbsil.com) or obtained by contacting us directly. In addition, all employees should be notified of the changes. If a benefit plan change is being requested, we will send updated benefit booklet certificate riders upon approval and final processing of the plan changes. The approved effective date will depend on the plan(s) selected and/or our receipt of the BPA or a BPS form. This requirement is to help ensure that we process your claims in a timely manner and as required by the revised Department of Labor/ERISA law. The delay in our receipt of the signed paperwork will result in our processing claims under the current plan design until the new paperwork has been processed. Employee applications will also be required if the current benefit program is a standalone PPO program and a dual choice program is now selected.

It is important to note that all open enrollment applications must be signed, dated, and received by BCBSIL prior to the open enrollment effective date. If the date on the application is after the open enrollment effective date, regardless of receipt date, the applicant may not enroll until the next annual open enrollment.

Please note that late enrollment for employees/dependents selecting HMO or PPO coverage will only be permitted at open enrollment.

It is understood that payment of the premium due under the policy constitutes acceptance of the terms of our renewal offer.

### **MEDICARE-ELIGIBLE HMO MEMBERS**

To continue receiving health care benefits through an HMO of Blue Cross and Blue Shield of Illinois, HMO members *who are retired and who are eligible for Medicare* must be actively enrolled in both Medicare Part A and Part B. **Also, this includes HMO members who are active employees of groups with less than 20 employees where Medicare is the primary payer.** When your company's active members retire, please make sure that they provide proof of both Medicare Part A and Part B coverage.

## **IMPORTANT RENEWAL INFORMATION - To Be Distributed to Employees**

### **HSA Changes**

Effective January 1, 2016 minimum HSA deductible is \$1,300 for Single and \$2,600 for family.

### **Preventive Services without Cost Sharing:**

The **Affordable Care Act (ACA)** requires non-grandfathered health plans and policies to provide coverage for "preventive care services" without cost-sharing (such as coinsurance, deductible or copayment), when the member uses a network provider. Services may include screenings, immunizations, and other types of care, as recommended by the federal government. Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to implementing coverage changes to meet ACA requirements as well as the needs and expectations of our members.

### **Women's Preventive Services**

On Aug. 3, 2011, federal regulatory agencies published regulations requiring that certain preventive services for women be provided without cost-sharing as part of guidelines supported by the Health Resources and Services Administration (HRSA). For non-grandfathered plans, the new regulations expand the coverage of women's preventive services under ACA.

For non-grandfathered plans, the new regulations expand the coverage of women's preventive services under ACA. The guidelines supported by the HRSA include the following types of services:

- Well-woman visits
- Screening for diabetes which develops during pregnancy
- Testing for HPV -- the virus that can cause cervical cancer -- for women at least 30 years old
- Counseling for sexually transmitted infections
- Screening and counseling for HIV -- the virus that can cause AIDS
- FDA-approved contraception methods and counseling
- Breastfeeding support, supplies and counseling
- Interpersonal and domestic violence screening and counseling

This new coverage requirement is effective for plan/policy years beginning on or after August 1, 2012 for non grandfathered plans.

Many of these requirements were already included in the list of preventive services previously applied to the Blue Cross and Blue Shield of Illinois (BCBSIL) plans.

### **Outline of Women's Preventive Coverage Changes**

Detailed below are the additional benefits BCBSIL has determined are necessary to comply with the new requirements and will be added to fully insured plans. Self-funded accounts that choose to apply benefits differently will need to work with their account representative to make those changes.

### **Contraceptive**

Depending on the particular plan, your coverage without cost-sharing may expand to include contraceptive services when using an in-network provider.

- Prescription -- One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter -- Contraceptives available over-the-counter approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization including tubal ligation\*

\* Certain restrictions may apply; you might have to pay a copay, coinsurance or deductible in some cases -- refer to your plan materials or contact us for more information. Hysterectomies are not considered part of the women's preventive care benefit.

## Sterilization

- Covered for procedures **to the female body** for all women with reproductive capacity. Vasectomies are not included.
- When tubal ligation is performed during a hospital admission, but is not the primary reason for the admission and not performed as a secondary procedure, professional surgical fees, operating room fees and anesthesia for tubal ligation are covered as preventive care. Inpatient facility charges would not be considered part of the preventive service, since they would attach to the primary reason for admission. (Example: vaginal delivery, tubal ligation performed on different days while member still hospitalized.) *not* be considered part of the preventive service, since they would attach to the primary reason for admission. (Example: vaginal delivery, tubal ligation performed on different days while member still hospitalized.)
- When billed as a secondary procedure, professional surgical fees for tubal ligation are covered as preventive care. Facility and anesthesia charges would *not* be considered part of the preventive service since they would attach to the primary procedure. (Example: Tubal ligation and C-section performed as part of same surgical procedure.)
- Hysterectomy is not considered preventive – sterilization is a secondary benefit and not a sole reason to have the procedure.

## Prenatal

- Prenatal labs will be treated as part of maternity care and not considered routine preventive care with exception to the following labs which are covered as preventive care: Anemia screening, Bacteriuria screening, Chlamydia screening, Gonorrhea Screening, Hepatitis B screening, HIV screening, Syphilis screening, Rh incompatibility screening.
- Screening for gestational diabetes will be covered at 100 percent for symptomatic individuals at high risk of diabetes.

## Breastfeeding

Subject to the terms and conditions of coverage, your coverage without cost-sharing may expand for breastfeeding services when using an in-network provider:

- Breastfeeding support and counseling by a trained in-network provider while you are pregnant and/or after you've given birth
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in your provider network
- Breast pumps (manual, electric and hospital grade)\*

\* The Blue Cross and Blue Shield (BCBS) implementation of preventive services without cost-sharing under the Affordable Care Act (ACA) previously covered manual breast pumps only. Effective April 15, 2013, BCBS expanded its coverage to include electric and hospital grade breast pumps. This coverage applies to non-grandfathered plans and policies and expands the breastfeeding support options available to members without cost-sharing (some limitations or restrictions may apply).

As of May 1, 2014, breastfeeding supplies (electric and hospital grade breast pumps) will be covered when obtained through an out-of-network provider, where coverage was previously excluded. However, coverage may not be at 100 percent, with no cost share. Some limitations and restrictions may apply based on the group coverage for preventive services. Retail purchases of electric breast pumps are not considered out of network.

Contact a BCBS representative or call the number located on the back of the member ID card for more information.

In addition, the rules governing coverage of preventive services without cost sharing do not prevent plans and issuers from using reasonable medical management techniques to determine the frequency, method, treatment or setting for an item or service. BCBSIL believes that plans may retain the flexibility to control costs and promote efficient delivery of care by, for example, continuing to charge cost sharing for branded drugs if a generic version is available and just as effective and safe.

## Contraceptive Coverage Exemptions

ACA regulations provide for an exemption from the requirement to cover contraceptive services for certain group health plans established or maintained by organizations that qualify as religious employers. Also, federal regulatory agencies have established an accommodation for religious affiliated eligible organizations, in which case separate payment may be available for certain contraceptive services. For more information about the religious employer exemption or eligible organization accommodation, please contact us at the phone number on your member ID card.

**Action Required:** If an employer plans to claim the exemption from covering contraceptive services under the guidelines for one or more health plan, please contact your Broker/Producer or Account Executive for assistance.

**RESOLUTION**

**SECOND RESOLUTION APPROVING CERTAIN EXPENSES OF BELLEMORE  
VILLAGE BUSINESS DISTRICT AS ELIGIBLE FOR REIMBURSEMENT**

WHEREAS, the City of Granite City adopted Ordinance 8442 establishing the Bellemore Village Business District, and by Ordinance 8445 did impose a Business District Tax within the boundaries of the declared Business District, and

WHEREAS, the City of Granite City thereafter entered into a Redeveloper's Agreement with Bellemore Center, LLC., ("Redeveloper") whereby, upon submission of the required proof and information, the said Redeveloper would be reimbursed for eligible expenses incurred within the said Business District from the Business Tax received by the City from the Illinois Department of Revenue, and

WHEREAS, the City Controller has presented to the City Council a list of expenses paid by the Redeveloper for asphalt work within the Business District, in the sum of Thirty Nine Thousand Three Hundred Seventy Four Dollars, which the Controller advises are qualified and proven as required by the Redeveloper Agreement and laws of the State of Illinois,

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF GRANITE CITY:

SECTION ONE: The expenses of the Redeveloper for roof repair in the sum of Thirty Nine Thousand Three Hundred Seventy Four Dollars is hereby found eligible for reimbursement from the Business District Tax of the Bellemore Village Business District.

SECTION TWO: The City Treasurer shall pay said approved sum only from said Business District Tax when received by the City of Granite City from the Illinois Department of Revenue generated from the Bellemore Village Business District, and from no other source, and only after expenses of the City have been satisfied, if any.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

APPROVED: \_\_\_\_\_  
Edward Hagnauer, Mayor

ATTEST:

\_\_\_\_\_  
Judy Whitaker, City Clerk





# INVOICE

RECEIVED AUG 31 2015

INVOICE NO.

64028  
Job #: 969

*ENTERED*

9241 MANCHESTER ROAD • ST. LOUIS, MISSOURI 63144  
(314) 962-1920 • FAX: (314) 962-6831

REMIT TO: 1225 IRON STREET • NORTH KANSAS CITY, MISSOURI 64116

A Finance charge of 1.5% per month  
or any part thereof (18% annual) will  
be charged on all past due invoices.

BILL  
TO Nelson McBride  
14500 South Outer 40  
Town & Country, MO 63017

JOB Bellemore Village  
3202-3260 Nameoki Road  
Granite City, IL 62040

| CUSTOMER | PURCHASE ORDER NO. |  |  | BILL THRU | TERMS  | INVOICE DATE | PAGE |
|----------|--------------------|--|--|-----------|--------|--------------|------|
| NEL969   |                    |  |  |           | Net 30 | 8/26/15      | 1    |

| ITEM NO. | QUANTITY | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|----------|----------|-------------|------------|----------------|
|----------|----------|-------------|------------|----------------|

JOB: Bellemore Village  
COMPLETED: 8/25/2015

|       |   |                   |          |           |
|-------|---|-------------------|----------|-----------|
| SEA   | 1 | Sealcoating       | 29520.00 | 29,520.00 |
| CF    | 1 | Crack Filling     | 5850.00  | 5,850.00  |
| PAINT | 1 | Parking Lot Paint | 4004.00  | 4,004.00  |

IN THE EVENT THAT MCCONNELL & ASSOCIATES CORP. PLACES THE SUMS DUE HEREUNDER WITH AN ATTORNEY FOR COLLECTION, MCCONNELL & ASSOCIATES CORP. SHALL BE ENTITLED TO RECOVER ALL EXPENSES THEREFOR, INCLUDING WITHOUT LIMITATION ATTORNEYS' FEES, FILING FEES, FEES FOR PRIVATE PROCESS SERVERS, EXPENSES, AND COSTS.

#### NOTICE TO OWNER

FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC'S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429 RSMO. TO AVOID THIS RESULT YOU MAY ASK THIS CONTRACTOR FOR "LIEN WAIVERS" FROM ALL PERSONS SUPPLYING MATERIAL OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOUR PAYING FOR LABOR AND MATERIAL TWICE.

|             |             |
|-------------|-------------|
| SALE AMOUNT | 39,374.00   |
| TOTAL       | \$39,374.00 |

(BBL)

Baltimore Center, LLC

14500 South Outer Forty Road, Suite 410  
Town & Country, MO 63017

Central Bank of St. Louis  
7707 Forsyth Blvd.  
Gladwin, MO 63103

021004601

| DATE     | ISSUE NO | AMOUNT           |
|----------|----------|------------------|
| 09/18/15 | 000002   | \$****39,374.00* |

THIRTY-NINE THOUSAND THREE HUNDRED SEVENTY-FOUR AND NO/100 DOLLARS \*\*\*\*\*

TO THE  
ORDER OF

McConnell & Associates  
1225 Iron Street  
North Kansas City, MO 64115



MEMO

Void after 90 Days

⑈000002⑈ ⑆081004601⑆ 0129166908⑈



November 16, 2015

Scott Oney  
City of Granite City  
2000 Edison Ave  
Granite City, IL 62040-4513

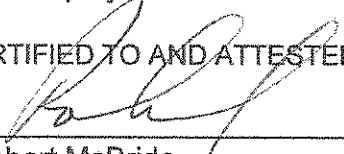
RE: Bellemore Village Business District

Dear Scott,

Please use this letter certifying the payrolls for the asphalt work at Bellemore Plaza for the business district.

I have enclosed a copy of the payroll documents I have received from McConnell and Associates. I have reviewed these documents and as the General Contractor for all work performed at the center for the Business District I certify that the wages paid by McConnell and Associates meet or exceed the wages established in ordinance of prevailing wages (ordinance No 8490). That no deductions or offsets were taken on these wages and that the wages of each employee meet the classification of the work performed.

CERTIFIED TO AND ATTESTER BY:

  
Robert McBride  
Managing member

### INDIVIDUAL ACKNOWLEDGMENT

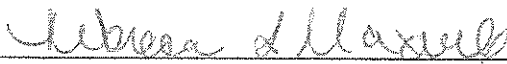
STATE OF MISSOURI

)  
) SS

COUNTY OF ST. LOUIS

ON THIS 16th DAY OF NOVEMBER, 2015. BEFORE ME PERSONLLY APPEARED ROBERT C McBRIDE TO ME KNOWN TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED FOREGOING CERTIFICATION, AND ACKNOWLEDGED THAT HE EXECUTED SAME AS HIS FREE ACT AND DEED.

My Commission Expires: November 1, 2016

  
NOTARY PUBLIC



REBECCA L. MAXWELL  
My Commission Expires  
November 1, 2016  
St. Louis County  
Commission #12467814

**Certified Payroll Register**

Page: 1

**Job**  
Bellemore Village  
3202-3260 Nameoki Road  
Granite City, IL 62040

**Contractor**  
McConnell & Associates STL  
2646 Creve Coeur Drive  
St. Louis, MO 63144

**Customer**  
Nelson McBride  
14500 South Outer 40  
Town & Country, MO 63017

Job Number: 969  
Week Ending: 8/22/2015

| Name                  | Soc Sec No.   | Class  | Exemp.   | Hours Worked This Job |           |           |           |           |           |           | Pay Rate | Gross Pay This Job All Jobs | Deductions          |                   | Check # |
|-----------------------|---------------|--------|----------|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------------------------|---------------------|-------------------|---------|
|                       |               |        |          | 08/17 Mon             | 08/18 Tue | 08/19 Wed | 08/20 Thu | 08/21 Fri | 08/22 Sat | 08/16 Sun |          |                             | Fed. Fica Med State | Local Other Total |         |
| Jeffrey J Bargmann    | ***-**-6033   | R:     |          | 6.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 45.917   | 298.46                      | 120.18              | 0.00              | V2565   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 56.30               | 121.12            |         |
|                       | Single 0 O:   |        |          | 0.000                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000    | 955.46                      | 13.17               |                   | 619.11  |
|                       | WHITE Male    |        |          |                       |           |           |           |           |           |           |          | 42hrs                       | 25.58               | 336.35            |         |
| Christopher L Company |               | Fringe | 401KMATC |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
|                       |               | Rate   |          | 0.598                 | 1.345     |           | 0.015     |           | 0.078     |           | 0.095    |                             | 1.151               | 3.283             |         |
|                       |               | Amount |          | 3.89                  | 8.74      |           | 0.10      |           | 0.51      |           | 0.62     |                             | 7.48                | 21.34             |         |
|                       | ***-**-6987   | R:     |          | 8.000                 | 7.250     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 15.250   | 46.830                      | 744.72              | 269.49            | V2571   |
| Joshua W Dover        | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 91.21               | 99.19             |         |
|                       | Married 0 O:  |        |          | 0.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.500    | 61.140                      | 1529.87             | 21.33             | 998.76  |
|                       | BLACK Male    |        |          |                       |           |           |           |           |           |           |          |                             | 55.25hrs            | 49.89             | 531.11  |
|                       |               | Fringe | 401KMATC |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
| Terry A Dover         |               | Rate   |          | 0.608                 | 1.074     |           | 0.015     |           | 0.050     |           | 0.060    |                             | 0.584               | 2.392             |         |
|                       |               | Amount |          | 9.57                  | 16.92     |           | 0.24      |           | 0.79      |           | 0.95     |                             | 9.20                | 37.67             |         |
|                       | ***-**-2221   | R:     |          | 0.000                 | 7.750     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 7.750    | 47.879                      | 464.31              | 151.63            | V2572   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 61.43               | 28.08             |         |
| Gerardo A Duron       | Single 0 O:   |        |          | 1.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 1.500    | 62.167                      | 990.81              | 14.36             | 705.28  |
|                       | WHITE Male    |        |          |                       |           |           |           |           |           |           |          |                             | 46hrs               | 30.03             | 285.53  |
|                       |               | Fringe | 401KMATC |                       | LIFE      |           | LTD       |           | STD       |           | VACATION |                             | Total               |                   |         |
|                       |               | Rate   |          | 0.646                 | 0.015     |           | 0.066     |           | 0.080     |           | 0.622    |                             | 1.429               |                   |         |
| Edward T Garrison     |               | Amount |          | 5.98                  | 0.14      |           | 0.61      |           | 0.74      |           | 5.75     |                             | 13.22               |                   |         |
|                       | ***-**-8413   | R:     |          | 1.500                 | 7.750     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 9.250    | 47.848                      | 442.59              | 82.70             | V2573   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 61.31               | 13.78             |         |
|                       | Married 2 O:  |        |          | 0.000                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000    | 0.000                       | 988.84              | 14.34             | 794.19  |
| Ronald E Harlan       | WHITE Male    |        |          |                       |           |           |           |           |           |           |          |                             | 38hrs               | 22.52             | 194.65  |
|                       |               | Fringe |          |                       | LIFE      |           | LTD       |           | STD       |           | VACATION |                             | Total               |                   |         |
|                       |               | Rate   |          |                       | 0.015     |           | 0.086     |           | 0.103     |           | 1.149    |                             | 1.354               |                   |         |
|                       |               | Amount |          |                       | 0.14      |           | 0.80      |           | 0.95      |           | 10.63    |                             | 12.52               |                   |         |
| Chad E Montgomery     | ***-**-2158   | R:     |          | 8.000                 | 7.750     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 15.750   | 43.975                      | 722.04              | 145.94            | V2574   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 82.68               | 91.91             |         |
|                       | Married 1 O:  |        |          | 0.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.500    | 58.880                      | 1412.97             | 19.34             | 1036.08 |
|                       | HISPANIC Male |        |          |                       |           |           |           |           |           |           |          |                             | 52.25hrs            | 37.02             | 376.89  |
| Lonell Davee Reeves   |               | Fringe |          |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
|                       |               | Rate   |          |                       | 5.097     |           | 0.014     |           | 0.052     |           | 0.064    |                             | 5.228               |                   |         |
|                       |               | Amount |          |                       | 82.83     |           | 0.23      |           | 0.85      |           | 1.04     |                             | 84.95               |                   |         |
|                       | ***-**-9556   | R:     |          | 0.000                 | 2.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 2.000    | 46.005                      | 92.01               | 78.34             | V2575   |
| Chad E Montgomery     | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 39.58               | 56.50             |         |
|                       | Single 0 O:   |        |          | 0.000                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000    | 0.000                       | 668.89              | 9.26              | 468.02  |
|                       | BLACK Male    |        |          |                       |           |           |           |           |           |           |          |                             | 44.25hrs            | 17.19             | 200.87  |
|                       |               | Fringe | 401KMATC |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
| Ronald E Harlan       |               | Rate   |          |                       | 0.595     |           | 1.845     |           | 0.015     |           | 0.075    |                             | 0.090               | 0.575             |         |
|                       |               | Amount |          |                       | 1.19      |           | 3.69      |           | 0.03      |           | 0.15     |                             | 0.18                | 1.15              |         |
|                       | ***-**-1372   | R:     |          | 7.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 7.500    | 45.456                      | 340.92              | 149.81            | V2579   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 67.86               | 264.36            |         |
| Chad E Montgomery     | Married 1 O:  |        |          | 0.000                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000    | 0.000                       | 1126.74             | 15.87             | 595.70  |
|                       | WHITE Male    |        |          |                       |           |           |           |           |           |           |          |                             | 52.75hrs            | 33.14             | 531.04  |
|                       |               | Fringe | 401KMATC |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
|                       |               | Rate   |          |                       | 0.599     |           | 1.845     |           | 0.015     |           | 0.061    |                             | 0.073               | 1.151             |         |
| Chad E Montgomery     |               | Amount |          |                       | 4.49      |           | 13.84     |           | 0.11      |           | 0.46     |                             | 0.55                | 8.63              |         |
|                       | ***-**-3787   | R:     |          | 8.000                 | 7.750     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 15.750   | 45.317                      | 743.57              | 189.36            | V2584   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 75.83               | 167.03            |         |
|                       | Single 1 O:   |        |          | 0.500                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.500    | 59.660                      | 1288.63             | 17.73             | 802.89  |
| Lonell Davee Reeves   | WHITE Male    |        |          |                       |           |           |           |           |           |           |          |                             | 51.25hrs            | 35.79             | 485.74  |
|                       |               | Fringe | 401KMATC |                       | HEALTH    |           | LIFE      |           | LTD       |           | STD      | VACATION                    |                     | Total             |         |
|                       |               | Rate   |          |                       | 0.607     |           | 2.589     |           | 0.015     |           | 0.049    |                             | 0.058               | 0.584             |         |
|                       |               | Amount |          |                       | 9.87      |           | 42.07     |           | 0.24      |           | 0.80     |                             | 0.95                | 9.49              |         |
| Lonell Davee Reeves   | ***-**-2243   | R:     |          | 5.500                 | 6.250     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 11.750   | 49.201                      | 578.11              | 185.83            | V2589   |
|                       | General Labor |        |          |                       |           |           |           |           |           |           |          |                             | 68.89               | 0.00              |         |
|                       | Single 0 O:   |        |          | 0.000                 | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000     | 0.000    | 0.000                       | 1111.11             | 16.11             | 807.03  |
|                       | BLACK Male    |        |          |                       |           |           |           |           |           |           |          |                             | 48.5hrs             | 33.25             | 304.08  |

## Page: 2

Job Number: 969  
Week Ending: 8/22/2015

[illegible]

Certified Payroll Register

Page: 3

Job  
Bellemore Village  
3202-3260 Nameoki Road  
Granite City, IL 62040

Contractor  
McConnell & Associates STL  
2646 Creve Coeur Drive  
St. Louis, MO 63144

Customer  
Nelson McBride  
14500 South Outer 40  
Town & Country, MO 63017

Job Number: 969  
Week Ending: 8/22/2015

I, Kevin Paddock, Controller do hereby state:

1] That I pay or supervise the payment of the persons employed by McConnell & Associates STL on the Bellemore Village that during the payroll period commencing on 8/16/2015 and ending 8/22/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said McConnell & Associates STL (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION

---New employees not yet eligible for benefits will have fringe paid in cash. Fringe benefits in excess of amounts paid to approved plans, funds, or programs per 4(a) are paid to employees in cash.

REMARKS

Name and Title

Kevin Paddock, Controller

Signature

The Willful Falsification Of Any Of The Above Statements May Subject The Contractor Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of Title 31 Of The United States.

## Page: 1

Job Number: 969  
Week Ending: 8/29/2015

| Name                  | Soc Sec No.<br>Class<br>Mar Exemp.   | Hours Worked This Job              |                                      |                    |                    |                        |                      |              |                   |                         | Pay<br>Rate          | Gross Pay<br>This Job<br>All Jobs  | Deductions               |                  | Check #<br>Net Pay |
|-----------------------|--|------------------------------------|--------------------------------------|--------------------|--------------------|------------------------|----------------------|--------------|-------------------|-------------------------|----------------------|------------------------------------|--------------------------|------------------|--------------------|
|                       |  | 08/24<br>Mon                       | 08/25<br>Tue                         | 08/26<br>Wed       | 08/27<br>Thu       | 08/28<br>Fri           | 08/29<br>Sat         | 08/23<br>Sun | Tot               | Fed.<br>Med<br>State    |                      |                                    | Local<br>Other<br>Total  |                  |                    |
| Jeffrey J Bargmann    | ***-**-6033 R: 0.000<br>General Labor<br>Single 0 O: 0.000<br>WHITE Male     | 0.000                              | 7.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 7.000             | 45.976                  | 321.83               | 224.11<br>83.98<br>19.64<br>48.90  | 0.00<br>151.78<br>528.41 | V2605<br>873.42  |                    |
|                       | Fringe 401KMATC<br>Rate 0.599<br>Amount 4.19                                 |                                    | HEALTH 1.346<br>9.42                 |                    | LIFE 0.014<br>0.10 |                        | LTD 0.053<br>0.37    |              | STD 0.063<br>0.44 | VACATION 1.150<br>8.05  | Total 3.224<br>22.57 |                                    |                          |                  |                    |
| Christopher L Company | ***-**-6987 R: 0.000<br>General Labor<br>Married 0 O: 0.000<br>BLACK Male    | 0.000                              | 7.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 7.000             | 46.836                  | 327.85               | 291.59<br>96.78<br>22.63<br>64.31  | 0.00<br>100.79<br>576.10 | V2611<br>1043.74 |                    |
|                       | Fringe 401KMATC<br>Rate 0.597<br>Amount 4.18                                 |                                    | HEALTH 1.074<br>7.52                 |                    | LIFE 0.016<br>0.11 |                        | LTD 0.046<br>0.32    |              | STD 0.056<br>0.39 | VACATION 0.576<br>4.03  | Total 2.364<br>16.55 |                                    |                          |                  |                    |
| Terry A Dover         | ***-**-8413 R: 0.000<br>General Labor<br>Married 2 O: 0.000<br>WHITE Male    | 0.000                              | 5.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 5.000             | 47.890                  | 239.45               | 111.72<br>73.30<br>17.14<br>34.04  | 0.00<br>13.78<br>249.98  | V2613<br>932.35  |                    |
|                       | Fringe<br>Rate<br>Amount   |                                    | LIFE 0.016<br>0.08                   | LTD 0.066<br>0.33  | STD 0.078<br>0.39  | VACATION 1.150<br>5.75 | Total 1.310<br>6.55  |              |                   |                         |                      |                                    |                          |                  |                    |
| Gerardo A Duron       | ***-**-2158 R: 0.000<br>General Labor<br>Married 1 O: 0.000<br>HISPANIC Male | 0.000                              | 7.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 7.000             | 43.970                  | 307.79               | 121.86<br>72.72<br>17.00<br>34.89  | 0.00<br>91.91<br>338.38  | V2614<br>914.04  |                    |
|                       | Fringe<br>Rate<br>Amount   |                                    | HEALTH 5.097<br>35.68                | LIFE 0.016<br>0.11 | LTD 0.053<br>0.37  | STD 0.064<br>0.45      | Total 5.230<br>36.61 |              |                   |                         |                      |                                    |                          |                  |                    |
| John Schmidt          | ***-**-2810 R: 0.000<br>General Labor<br>Single 0 O: 0.000<br>WHITE Male     | 0.000                              | 8.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 8.000             | 44.908                  | 388.58               | 292.79<br>100.12<br>23.41<br>63.72 | 0.00<br>290.39<br>770.43 | V2631<br>873.78  |                    |
|                       | Fringe 401KMATC<br>Rate 0.615<br>Amount 5.23                                 |                                    | HEALTH 1.846<br>15.69                |                    | LIFE 0.015<br>0.13 |                        | LTD 0.052<br>0.44    |              | STD 0.061<br>0.52 | VACATION 1.775<br>15.09 | Total 4.365<br>37.10 |                                    |                          |                  |                    |
| Joseph D Scott        | ***-**-7493 R: 0.000<br>General Labor<br>Married 0 O: 0.000<br>WHITE Male    | 0.000                              | 5.000                                | 0.000              | 0.000              | 0.000                  | 0.000                | 0.000        | 5.000             | 41.660                  | 208.30               | 210.93<br>108.29<br>25.33<br>64.75 | 0.00<br>223.56<br>632.86 | V2632<br>1234.44 |                    |
|                       | Fringe 401KMATC<br>Rate 0.598<br>Amount 2.99                                 |                                    | HEALTH 5.100<br>25.50                |                    | LIFE 0.016<br>0.08 |                        | LTD 0.050<br>0.25    |              | STD 0.052<br>0.26 | VACATION 1.724<br>8.62  | Total 7.540<br>37.70 |                                    |                          |                  |                    |
|                       | Regular<br>Overtime  | Hours<br>39.000<br>0.500<br>39.500 | Pay<br>1,764.48<br>29.32<br>1,793.80 |                    |                    |                        |                      |              |                   |                         |                      |                                    |                          |                  |                    |

Certified Payroll Register

Page: 2

Job  
Bellemore Village  
3202-3260 Nameoki Road  
Granite City, IL 62040

Contractor  
McConnell & Associates STL  
2646 Creve Coeur Drive  
St. Louis, MO 63144

Customer  
Nelson McBride  
14500 South Outer 40  
Town & Country, MO 63017

Job Number: 969  
Week Ending: 8/29/2015

I, Kevin Paddock, Controller do hereby state:

1] That I pay or supervise the payment of the persons employed by McConnell & Associates STL on the Bellemore Village that during the payroll period commencing on 8/23/2015 and ending 8/29/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said McConnell & Associates STL (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION

---New employees not yet eligible for benefits will have fringe paid in cash. Fringe benefits in excess of amounts paid to approved plans, funds, or programs per 4(a) are paid to employees in cash.

REMARKS

Name and Title  
Kevin Paddock, Controller

Signature

The Willful Falsification Of Any Of The Above Statements May Subject The Contractor Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of Title 31 Of The United States.



A RESOLUTION AUTHORIZING THE OFFICE OF THE TREASURER TO COMPROMISE  
LIENS AGAINST 2532 CIRCLE DRIVE

WHEREAS, the City of Granite City is a Home Rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City has filed numerous liens against the property commonly known as 2532 Circle Drive; and

WHEREAS, said liens in principle amount total in excess of \$2,890.00; and

WHEREAS, the Granite City City Council has been advised that Wanda and Thomas Tindall claim title to the real estate at 2532 Circle Drive, and that they have given possession of the 2532 Circle Drive property to Lee Avants and Janis Avants, with the expectation of transferring title to Lee Avants and Janis Avants; and

WHEREAS, Lee Avants and Janis Avants have approached the City of Granite City, and propose to demolish the improvements to the 2532 Circle Drive property, in exchange for a release of all liens to the 2532 Circle Drive property; and

WHEREAS, the City of Granite City finds it will be in the best interests of the City of Granite City, and that it will promote good management and efficient use of City resources, to compromise and settle said liens on the 2532 Circle Drive property, while settling no other or subsequent claims held by the City of Granite City against said property, against Wanda Tindall, against Thomas Tindall, against Lee Avants, and Janis Avants, on the following terms:

1. Lee Avants and Janis Avants shall promptly demolish and carry away all refuse, trash, and debris, at 2532 Circle Drive, Granite City, Illinois.
2. Upon satisfactory proof of the demolition of all improvements to 2532 Circle Drive, removal of all trash and debris, and transfer of the title to 2532 Circle Drive to Lee Avants and Janis Avants, the City of Granite City shall execute releases of all its liens existing as of the date of this resolution, on 2532 Circle Drive.

3. If Wanda Tindall, Thomas Tindall, Lee Avants, or Janis Avants, fail to perform all of the terms in full and described above in paragraphs numbers one and two, within ninety (90) days of the date of the enactment of the resolution, this compromise and settlement of liens will be voided, without further notice or action by the City of Granite City, thus allowing the City to pursue the entire principle, all late fees, interest, and liens referenced above, in the City's sole discretion.
4. This resolution must be countersigned by Wanda Tindall, Thomas Tindall, Lee Avants, and Janis Avants, as acknowledgment that each of them has read this entire resolution, agrees with all its terms, and promises to follow all of said terms. Time is of the essence of this compromise and settlement. By signing below, Wanda Tindall, Thomas Tindall, Lee Avants, and Janis Avants, each accepts personal responsibility for compliance with all terms of this resolution.

This resolution shall take effect upon passage.

Adopted by the Granite City City Council this \_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST: \_\_\_\_\_  
City Clerk, Judy Whitaker

\_\_\_\_\_  
Thomas Tindall

\_\_\_\_\_  
Lee Avants

\_\_\_\_\_  
Wanda Tindall

\_\_\_\_\_  
Janis Avants

**ORDINANCE NO.**

**AN ORDINANCE MAKING A TAX LEVY FOR THE  
CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS,  
FOR THE FISCAL YEAR  
BEGINNING MAY 1, 2015 AND ENDING APRIL 30, 2016 (FY2015)**

---

WHEREAS, the following is a proposed tax levy for the corporate purposes of the City of Granite City, Madison County, Illinois, hereinafter referred to as the "City", for the fiscal year beginning May 01, 2015 and ending April 30, 2016.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, hereinafter referred to as the "City", for the fiscal year beginning May 1, 2015 and ending April 30, 2016, hereinafter referred to as "FY 2015", as follows:

SECTION 1: That there be and is hereby levied and assessed upon all of the taxable property situated within the corporate limits of the City the amounts which subsequently appear in this Ordinance, which said amounts shall be raised by taxation upon all assessed property, according to its value as the same is assessed and equalized for State and County purpose for FY 2015-2016, and which said amount is to defray the expenses of the City, as provided by the annual Appropriation Ordinance No. 8499 of the City, which was passed by the City Council on the 21st day of July, 2015 and approved by the Mayor on the 21st day of July, 2015 and is now on file with the City Clerk of the City, said appropriation and levies being in summary as follows and as more fully set forth in detail by departments, as to object and purpose, in Exhibit A, which is attached hereto and made a part hereof: (All figures appearing in this tax levy ordinance are rounded to whole dollar amounts)

|   |                       |
|---|-----------------------|
| TOTAL AMOUNT TO BE LEVIED FOR SECTION 1 BY A TAX                    | <u>\$6,046,581.00</u> |
| LEVY FOR GENERAL CORPORATE PURPOSES, said amount                    |                       |
| being the amount necessary to be raised by taxation, after revenues |                       |
| from other sources, as hereinafter set forth in Section 2 below.    |                       |

SECTION 2: That there shall be and is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a home rule unit pursuant to the terms and provisions of Section 6 and 7 of Article VII of the Constitution of the State of Illinois, a tax which shall be extended at such rate as needed, which when collected shall be apportioned and applied so as to produce the sum of SIX MILLION FORTY SIX THOUSAND FIVE HUNDRED EIGHTY ONE DOLLARS (\$6,046,581.00).

SECTION 3: That, in addition to the above and foregoing amounts, there shall be and is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/7-171, and as subsequently amended, which when collected shall be apportioned and applied so as to produce the sum of ONE

HUNDRED SIX THOUSAND SIX HUNDRED EIGHTY SIX DOLLARS (\$106,686.00); said revenue to be used for the purpose of making municipal contributions by the City of Granite City, Illinois, to "ILLINOIS MUNICIPAL RETIREMENT FUND" as set forth in Section 1.A.2 attached.

SECTION 4: That, in addition to the above and foregoing amounts, there is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/3-125, and as subsequently amended, which when collected, shall be apportioned and applied so as to produce the sum of SEVEN HUNDRED THIRTY EIGHT THOUSAND SEVEN HUNDRED SEVENTY ONE DOLLARS (\$738,771.00); said revenue to be used for the purpose of meeting the financial obligations of the City of Granite City, Illinois, to the Police Pension Fund as set forth in Section 1.A.4. attached.

SECTION 5: That, in addition to the above and foregoing amounts, there is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/4-118, and as subsequently amended, which when collected, shall be apportioned and applied so as to produce the sum of SEVEN HUNDRED THIRTY EIGHT THOUSAND SEVEN HUNDRED SEVENTY ONE DOLLARS (\$738,771.00); said revenue to be used for the purpose of meeting the financial obligations of the City of Granite City, Illinois to the Fire Pension Fund as set forth in Section 1.A.5. attached.

SECTION 6: That the City Clerk of the City of Granite City, Illinois, shall file a certified copy of the Ordinance with the County Clerk of Madison County, Illinois, on or before the last Tuesday of December, 2015, and that said County Clerk of Madison County, Illinois, shall ascertain that a rate percent upon which the total of all property subject to taxation within the City of Granite City, Illinois, as the same is assessed and equalized for the State and County purpose, as will produce the net amount of not less than the sum amounts so directed to be levied by Section 1 through 5, inclusive, of this Ordinance, and that said County Clerk of Madison County, Illinois, shall extend such taxes in separate columns upon the book or books of the Collector or Collectors for County taxes within and for said City of Granite City, Illinois.

SECTION 7: All ordinances and parts of ordinances in conflict herewith are hereby repealed.

SECTION 8: This Ordinance shall be full force and effect from and after its passage, approval, and publication as required by law.

PASSED by the City Council of the City of Granite City, Madison County, Illinois, this \_\_\_\_\_ day of November, A.D., 2015.

APPROVED by the Mayor of the City of Granite City, Madison County, Illinois, this \_\_\_\_\_ day of December, A.D., 2015.

\_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST:

\_\_\_\_\_  
City Clerk, Judy Whitaker

(SEAL)

85062

2015 TAX LEVY

|  | <u>AMOUNT<br/>APPROPRIATED</u> | <u>AMOUNT<br/>NEEDED</u> | <u>AMOUNT<br/>LEVIED</u> |
|--|--------------------------------|--------------------------|--------------------------|
| <b>A. <u>PERSONAL SERVICES:</u></b>  |                                |                          |                          |
| 1. SOCIAL SECURITY   | 467,796.00                     |                          |                          |
| LESS FUNDS FROM OTHER SOURCES  | <u>90,529.00</u>               |                          |                          |
| AMOUNT NEEDED  |                                | <u>377,267.00</u>        | 377,267.00               |
| 2. ILLINOIS MUNICIPAL RETIREMENT<br>FUND(IMRF)   | 478,835.00                     |                          |                          |
| LESS ESTIMATED REVENUE TO BE<br>PRODUCED BY SPECIAL TAX LEVY<br>FOR ILLINOIS MUNICIPAL RETIREMENT<br>FUND PURPOSE AS HEREINAFTER<br>SET FORTH IN SECTION 3 BELOW                                       | 112,020.00                     |                          |                          |
| LESS ESTIMATED AMOUNT TO BE<br>PRODUCED FOR ILLINOIS MUNICIPAL<br>RETIREMENT FUND PURPOSED FROM<br>PERSONAL PROPERTY REPLACEMENT<br>TAX RECEIVED BY CITY PURSUANT<br>TO 30 ILCS 115/12(35.36% OF LEVY) | 169,316.06                     |                          |                          |
| LESS FUNDS FROM OTHER SOURCES  | <u>197,498.94</u>              |                          |                          |
| AMOUNT NEEDED  |                                | <u>0.00</u>              | 0.00                     |
| 3. HEALTH AND LIFE INSURANCE   | 3,052,164.00                   |                          |                          |
| LESS FUNDS FROM OTHER SOURCES  | <u>521,180.00</u>              |                          |                          |
| AMOUNT NEEDED  |                                | <u>2,530,984.00</u>      | 2,530,984.00             |
| 4. POLICE PENSION  | 1,268,000.00                   |                          |                          |
| LESS ESTIMATED REVENUE TO BE<br>PRODUCED BY SPECIAL TAX LEVY<br>FOR POLICE PENSION FUND<br>FUND PURPOSE AS HEREINAFTER<br>SET FORTH IN SECTION 4 BELOW   | 738,771.00                     |                          |                          |
| LESS ESTIMATED AMOUNT TO BE<br>PRODUCED FOR ILLINOIS MUNICIPAL   |                                |                          |                          |

RETIREMENT FUND PURPOSED FROM  
PERSONAL PROPERTY REPLACEMENT  
TAX RECEIVED BY CITY PURSUANT  
TO 30 ILCS 115/12(35.36% OF LEVY)

261,229.00

LESS FUNDS FROM OTHER SOURCES

268,000.00

AMOUNT NEEDED

0.00

0.00

5. FIRE PENSION

1,268,000.00

LESS ESTIMATED REVENUE TO BE  
PRODUCED BY SPECIAL TAX LEVY  
FOR FIRE PENSION FUND  
FUND PURPOSE AS HEREINAFTER  
SET FORTH IN SECTION 5 BELOW

738,771.00

LESS ESTIMATED AMOUNT TO BE  
PRODUCED FOR ILLINOIS MUNICIPAL  
RETIREMENT FUND PURPOSED FROM  
PERSONAL PROPERTY REPLACEMENT  
TAX RECEIVED BY CITY PURSUANT  
TO 30 ILCS 115/12(35.36% OF LEVY)

261,229.00

LESS FUNDS FROM OTHER SOURCES

268,000.00

AMOUNT NEEDED

0.00

0.00

6. WORKER'S COMPENSATION

1,700,000.00

LESS FUNDS FROM OTHER SOURCES

450,000.00

AMOUNT NEEDED

1,250,000.00

1,250,000.00

7. OTHER PERSONAL SERVICES

13,646,374.00

LESS FUNDS FROM OTHER SOURCES

12,678,342.00

AMOUNT NEEDED

968,032.00

968,032.00

TOTAL AMOUNT LEVIED FOR PERSONAL SERVICES

5,126,283.00

B. COMMODITIES:

1. STREET LIGHTING

310,000.00

LESS FUNDS FROM OTHER SOURCES

310,000.00

AMOUNT NEEDED

0.00

0.00

2. OTHER COMMODITIES

1,220,293.00

|  |                     |                   |                     |
|--|---------------------|-------------------|---------------------|
| LESS FUNDS FROM OTHER SOURCES  | <u>1,030,495.00</u> |                   |                     |
| AMOUNT NEEDED  |                     | <u>189,798.00</u> | <u>189,798.00</u>   |
| TOTAL AMOUNT LEVIED FOR COMMODITIES  |                     |                   | <u>189,798.00</u>   |
| C. <u>CONTRACTUAL SERVICES:</u>  |                     |                   |                     |
| 1. GENERAL LIABILITY INSURANCE   | 575,000.00          |                   |                     |
| LESS FUNDS FROM OTHER SOURCES  | <u>80,000.00</u>    |                   |                     |
| AMOUNT NEEDED  |                     | <u>495,000.00</u> | <u>495,000.00</u>   |
| 2. OTHER CONTRACTUAL SERVICES  | 1,056,165.00        |                   |                     |
| LESS FUNDS FROM OTHER SOURCES  | <u>869,165.00</u>   |                   |                     |
| AMOUNT NEEDED  |                     | <u>187,000.00</u> | <u>187,000.00</u>   |
| TOTAL AMOUNT LEVIED FOR CONTRACTUAL SERVICES   |                     |                   | <u>682,000.00</u>   |
| D. <u>CAPITAL / EQUIPEMENT OUTLAY:</u>   |                     |                   |                     |
|  | 325,914.00          |                   |                     |
| LESS FUNDS FROM OTHER SOURCES  | <u>277,414.00</u>   |                   |                     |
| AMOUNT NEEDED  |                     | <u>48,500.00</u>  | <u>48,500.00</u>    |
| TOTAL AMOUNT TO BE LEVIED FOR SECTION 1 BY A TAX LEVY FOR<br>GENERAL CORPORATE PURPOSED, SAID AMOUNT BEING THE AMOUNT<br>NECESSARY TO BE RAISED BY TAXATION, AFTER REVENUES FROM OTHER<br>SOURCES, AS HEREINAFTER SET FORTH IN SECTION 2 BELOW |                     |                   | <u>6,046,581.00</u> |

|                | 2015         | 2014         | 2013         |
|----------------|--------------|--------------|--------------|
| GENERAL FUND   | 6,046,581.00 | 6,046,581.00 | 5,686,671.00 |
| IMRF           | 106,686.00   | 106,686.00   | 106,686.00   |
| POLICE PENSION | 738,771.00   | 738,771.00   | 738,771.00   |
| FIRE PENSION   | 738,771.00   | 738,771.00   | 738,771.00   |
| TOTAL LEVY     | 7,630,809.00 | 7,630,809.00 | 7,270,899.00 |
|                |              | 0.00%        | 4.95%        |



RESOLUTION NO. \_\_\_\_\_

RESOLUTION TO APPROVE AGREEMENT FOR ENGINEERING AND SURVEY SERVICES FOR  
THE WASTE WATER TREATMENT PLANT NPDES PERMIT CONDITION 17

WHEREAS, the City of Granite City is a Home Rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, for many years the Firm of Juneau Associates, Inc., PC, (Juneau) has provided professional engineering and land surveying services to the City of Granite City; and

WHEREAS, the Granite City City Council hereby finds that the City of Granite City has a satisfactory relationship for professional services with Juneau, as those terms are used in the Local Government Professional Services Selection Act, 50 ILCS 510/4, 510/5, and 510/6; and;

WHEREAS, the Granite City City Council hereby finds the schedule of hourly rates for the term of the proposed agreement, attached, to be reasonable compensation, as said terms are used in 50 ILCS 510/7; and

WHEREAS, as a home rule unit, the City of Granite City hereby waives any request for competitive bidding for the professional engineering services described in the attached agreement.

NOW, THEREFORE, be it resolved by the City Council of the City of Granite City, Madison County, Illinois, that the Office of the Mayor is authorized to execute the attached agreement for professional engineering and land surveying services with Juneau Associates, Inc., PC.

PASSED this \_\_\_\_\_ day of December, 2015.

APPROVED: \_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST: \_\_\_\_\_  
City Clerk Judy Whitaker



October 19, 2015  
Job No. E150203-17

City of Granite City  
c/o Mr. Jeff Hamilton, Superintendent  
Granite City Regional Wastewater Treatment Plant  
River's Edge Complex  
8<sup>th</sup> & D Street  
Granite City, IL 62040

Re: Engineering Services Agreement  
Services to Assist Granite City Regional Wastewater Treatment Plant's Compliance with  
NPDES Permit Special Condition 17 Regarding the Plant's Capacity, Management,  
Operations, and Maintenance (CMOM) Plan

Dear Jeff,

We are pleased to submit our proposal for professional services to assist the City with compliance to the NPDES Permit No. IL0033481 Special Condition 17 regarding the development and submission of a Capacity, Management, Operations, and Management (CMOM) plan to the Illinois EPA, within 12 months of the effective date of the NPDES permit.

Based on the NPDES Permit No. IL0033481 Special Condition 17, it is our understanding that the City will prepare and submit a CMOM plan, which includes an Asset Management Strategy, to accomplish the goals of achieving no discharges from sanitary sewer overflows or basement backups and ensuring that overflows or backups, when they do occur, do not cause or contribute to violations of applicable standards or cause impairment in any adjacent receiving water.

Based on our understanding of the requirements, we have developed the following Scope of Services.

### ***SCOPE OF SERVICES***

#### **CMOM Background Study and Final CMOM Plan**

This work will involve the following Basic Project Services:

The CMOM plan shall include, at a minimum, the following elements as required by the NPDES permit: Measures and Activities, Design and Performance Provisions, an Overflow Response Plan, a System Evaluation Plan, Reporting and Monitoring Requirements, and a Third Party Notice Plan.

#### **I. CMOM Background Study**

- A. Assist the City in completing the CMOM Program Self-Assessment Checklist to evaluate current CMOM program activities and identify general areas of strength and weakness.

2100 State Street  
P.O. Box 1325  
Granite City, IL 62040  
618-877-1400 • F. 618-452-5541

190 N. Research Dr.  
Edwardsville, IL 62025  
618-659-0900 • F. 618-659-0941

330 N. Fourth Street, Suite 200  
St. Louis, MO 63102  
314-241-4444 • F. 314-909-1331



Mr. Jeff Hamilton, Superintendent  
Granite City Regional WWTP  
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- B. Collect relevant information for CMOM measures and activities as listed in the NPDES permit including:
- (1) A complete map and system inventory for the collection system owned and operated by the Permittee;
  - (2) Organizational structure; budgeting; training of personnel; legal authorities; schedules for maintenance, sewer system cleaning, and preventative rehabilitation; checklists, and mechanisms to ensure that preventative maintenance is performed on equipment owned and operated by the Permittee;
  - (3) Documentation of unplanned maintenance;
  - (4) An assessment of the capacity of the collection and treatment system owned and operated by the Permittee at critical junctions and immediately upstream of locations where overflows and back-ups occur or are likely to occur; use flow monitoring as necessary;
  - (5) Identification and prioritization of structural deficiencies in the system owned and operated by the Permittee;
  - (6) Operational control, including documented system control procedures, scheduled inspections and testing;
  - (7) The Permittee shall develop and implement an Asset Management strategy to ensure the long-term sustainability of the collection system. Asset management shall be used to assist the Permittee in making decisions on when it is most appropriate to repair, replace or rehabilitate particular assets and develop long-term funding strategies; and
  - (8) Asset management shall include but is not limited to the following elements:
    - (a) Asset Inventory and State of the Asset;
    - (b) Level of Service;
    - (c) Critical Asset Identification;
    - (d) Life Cycle Cost; and
    - (e) Long-Term Funding Strategy.
- C. Draft annual performance goals for CMOM plan and review with GCR WWTP staff;
- D. Collect relevant information for the CMOM Overflow Response Plan including:
- (1) Where overflows and back-ups within the facilities owned and operated by the Permittee occur;
  - (2) Response to overflows or back-ups to determine additional actions such as clean up; and



Mr. Jeff Hamilton, Superintendent  
Granite City Regional WWTP  
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- (3) Evaluation of locations where basement back-ups and/or sanitary sewer overflows occur for excessive inflow /infiltration, obstructions or other causes of overflows or back-ups as set forth in the System Evaluation Plan.

E. Collect relevant information for the CMOM System Evaluation Plan including:

- (1) Summary of existing SSO and Excessive I/I areas in the system and sources of contribution;
- (2) Plans to reduce I/I and eliminate SSOs;
- (3) Special provisions for Pump Stations and force mains and other unique system components; and
- (4) Construction plans and schedules for correction.

F. Draft reporting and monitoring requirements and review with GCRWWTP staff including:

- (1) Program for SSO detection and reporting; and
- (2) Program for tracking and reporting basement back-ups, including general public complaints.

G. Draft Third Party Notice Plan including:

- (1) How, under various overflow scenarios, the public, as well as other entities, would be notified of overflows within the Permittee's system that may endanger public health, safety or welfare;
- (2) Overflows within the Permittee's system that would be reported, giving consideration to various types of events including events with potential widespread impacts;
- (3) Who shall receive the notification;
- (4) Specific information that would be reported including actions that will be taken to respond to the overflow;
- (5) Description of the lines of communication; and
- (6) Identities and contact information of responsible POTW officials and local, county, and/or state level officials.

2. Final CMOM Plan

Prepare a final written CMOM plan for review and submission by the City to the Illinois EPA.



Mr. Jeff Hamilton, Superintendent  
Granite City Regional WWTP  
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### ***FEES AND PAYMENT***

Our service under this agreement will be provided as a part of our annual Engineering Services Agreement with the City of Granite City for the period September 1, 2015 through August 31, 2016.

Our services relating to the CMOM Plan will be billed in accordance with our Schedule of Hourly Rates in effect at the time provided. Based on the level of effort anticipated and our understanding of the project, we estimate the cost of our services to be \$28,000.00. We budgeted the amount shown for our services based upon the number of hours and personnel we anticipate being required.

Reimbursable expenses incurred in connection with all basic, optional, and additional services will be billed at actual out-of-pocket costs or in accordance with our Schedule of Hourly Rates. All fees associated with permits, chemical testing, title reports, recording of documents, "Express Mail" and other direct expense items requested by the Client will be billed at cost.

Invoices will be submitted monthly based on work completed and for reimbursable expenses. All invoices shall be due and payable within thirty (30) days after the date of billing.

### ***ADDITIONAL SERVICES***

If desired, Juneau Associates, Inc., P.C. will furnish or arrange for additional services beyond those required to complete the work described in the Scope of Services. Additional services rendered by Juneau Associates, Inc., P.C. in connection with the project will be billed in accordance with our current Schedule of Hourly Rates.

The following specific items of work are not included in the proposed basic project services. Compensation for authorized services relating to these items shall be billed as additional services as described herein or negotiated prior to provision of services:

- Furnishing services in connection with legal proceedings or arbitration of claims.
- Attendance at out of town meetings with IEPA

If required, additional services provided by sub-consultants will be reimbursed in an amount equal to the sub-consultant's invoice plus ten percent (10%) thereof for administration and handling.

### ***CLIENT RESPONSIBILITIES***

In order that we may adequately provide the professional services required for this project, we ask that the Client provide the following:

- The name of a representative to whom we will report and from whom we will receive review comments, instructions, directions and authorizations.



Mr. Jeff Hamilton, Superintendent  
Granite City Regional WWTP  
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- All criteria and information regarding the requirements of the project including objectives, schedules, constraints and budgetary limitations.
- Any and all existing data concerning the project which may be available.
- Such legal, accounting and insurance consulting services if any, which may be necessary to complete the project.

#### ***GENERAL CONSIDERATIONS***

We expect to start our work promptly after receipt of written notice of your acceptance of this Agreement.

This agreement may be terminated by either party by seven day written notice through no fault of the terminating party. If this agreement is so terminated, the Engineer shall be paid for all services rendered to the date of termination, and shall deliver to client all work done as of the date of termination.

This proposal represents the entire understanding between you and us with respect to the Project and may only be modified in writing signed by both of us. If this letter satisfactorily sets forth your understanding of our agreement, we will appreciate your signing this letter in the space provided below and returning it to us.

We look forward to working with you on this project.

Respectfully submitted,

**JUNEAU ASSOCIATES, INC., P.C.**

Charles E. Juneau, P.E., P.L.S.

CEJ/bjm

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**CITY OF GRANITE CITY**

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 2015

By: \_\_\_\_\_ Attest: \_\_\_\_\_



# City of Granite City

Granite City, Illinois 62040

Ed Hagnauer  
Mayor

Judy J. Whitaker  
City Clerk

Gail Valle  
Treasurer

City of Granite City  
Bill List for Month of November  
City Council Meeting of December 1, 2015

| <u>Fund #</u> | <u>Summary</u>               | <u>Amount</u>          |
|---------------|------------------------------|------------------------|
| 10            | General Fund                 | \$ 559,071.63          |
| 15            | Granite City Cinema          | \$ 26,019.42           |
| 25            | Drug Traffic Prevention Fund | \$ 7,866.40            |
| 30            | Motor Fuel Tax Fund          | \$ 193,670.64          |
| 64            | Bellmore Village             | \$ 4,043.73            |
| 65            | Tax Incremental Financing    | \$ 277,164.86          |
| 66            | TIF 1991A Taxable Bond Fund  | \$ 129,790.01          |
| 67            | TIF Nameoki Commons Fund     | \$ 9,380.84            |
| 68            | TIF Port District            | \$ 9,008.05            |
| 69            | RTE 203 TIF Fund             | \$ 1,047,195.86        |
| 70            | Sewage Treatment Plant Fund  | \$ 241,996.52          |
| 71            | Sewer System Fund            | \$ 213,021.79          |
|               | Total                        | <u>\$ 2,718,229.75</u> |

| DEPARTMENT       | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT    |
|------------------|--------------|--|----------------------------|-----------|
| NON-DEPARTMENTAL | GENERAL FUND | M&M SERVICE CO                         | PARK/GASOLINE & DIESEL     | 814.47    |
|                  |              | MICHAEL MOORE                          | TR/REFUND VEHICLE TOW      | 250.00    |
|                  |              |  | TOTAL:                     | 1,064.47  |
|                  |              |  |                            |           |
| MAYOR            | GENERAL FUND | ABSOPURE WATER CO                      | MR/WATER                   | 19.50     |
|                  |              |  | MR/GALLONS WATER           | 13.00     |
|                  |              | LAURA R ANDREWS                        | LG/MEETINGS/MONTHLY RETAIN | 700.00    |
|                  |              |  | LG/MEETING/MONTHLY RETAINE | 700.00    |
|                  |              |  | LG/MICHAEL WOODY           | 904.50    |
|                  |              |  | LG/MEETINGS/MONTHLY RETAIN | 700.00    |
|                  |              |  | LG/MICHAEL WOODY           | 1,432.75  |
|                  |              |  | LG/CRIME FREE HOUSING      | 152.84    |
|                  |              | BUSINESS EQUIPMENT CTR                 | MR/POCKET SIGN HOLDERS/FRA | 23.87     |
|                  |              | CALL ONE                               | MR/PHONE BILL              | 85.99     |
|                  |              | CITY OF G C HEALTH CLAIM               | MR/HEALTH INSURANCE        | 3,285.26  |
|                  |              | IL MUNICIPAL LEAGUE                    | MR/2016 IML DUES           | 100.00    |
|                  |              |  | LG/2016 IML DUES           | 200.00    |
|                  |              | M&M SERVICE CO                         | ED/GASOLINE & DIESEL       | 20.09     |
|                  |              | RECORDER OF DEEDS                      | CIT LIENS                  | 81.00     |
|                  |              |  | CIT LIENS                  | 81.00     |
|                  |              |  | W&B REL                    | 27.00     |
|                  |              |  | CIT REL                    | 27.00     |
|                  |              |  | W&B LIENS                  | 459.00    |
|                  |              |  | W&B LIENS                  | 540.00    |
|                  |              |  | W&B REL                    | 27.00     |
|                  |              |  | CIT LIENS                  | 54.00     |
|                  |              |  | W&B LIENS                  | 162.00    |
|                  |              |  | W&B REL                    | 27.00     |
|                  |              |  | DEMO REL                   | 27.00     |
|                  |              | TYCO INTEGRATED SECURITY LLC           | MR/ALARM SYSTEM            | 45.11     |
|                  |              | US POSTAL SERVICE                      | MR/POSTAGE                 | 1.90      |
|                  |              | VERIZON WIRELESS                       | MR/VERIZON WIRELESS        | 260.75    |
|                  |              |  | ED/VERIZON WIRELESS        | 317.22    |
|                  |              | WINDSTREAM NUVOX INC                   | JANITOR/PHONE BILL         | 17.08     |
|                  |              |  | MR/PHONE BILL              | 85.40     |
|                  |              |  | ED/PHONE BILL              | 17.08     |
|                  |              | KONICA MINOLTA BUSINESS SOLUTION USA I | MR/COPIER MAINTENANCE      | 17.88     |
|                  |              | REGIONS BANK                           | ED/LOGMEIN.COM             | 102.09    |
|                  |              | ALVIN C. PAULSON                       | RM/FUNKHOUSER              | 299.25    |
|                  |              |  | RM/FUNKHOUSER              | 31.50     |
|                  |              |  | TOTAL:                     | 11,045.06 |
| CITY CLERK       | GENERAL FUND | ABSOPURE WATER CO                      | CL/WATER                   | 19.50     |
|                  |              | BELLEVILLE NEWS-DEMOCRAT               | CL/ADVERTISING             | 657.97    |
|                  |              | BUSINESS EQUIPMENT CTR                 | CL/CARD STOCK              | 14.99     |
|                  |              |  | CL/THERMAL                 | 21.99     |
|                  |              | CALL ONE                               | CL/PHONE BILL              | 24.41     |
|                  |              | CITY OF G C HEALTH CLAIM               | CL/HEALTH INSURANCE        | 2,095.21  |
|                  |              | IL DEPT/PUBLIC HEALTH                  | CL/DEATH CERTIFICATES      | 1,080.00  |
|                  |              | IL MUNICIPAL LEAGUE                    | CL/2016 IML DUES           | 100.00    |
|                  |              | RECORDER OF DEEDS                      | LAREDO                     | 416.00    |
|                  |              | TYCO INTEGRATED SECURITY LLC           | CL/ALARM SYSTEM            | 45.11     |
|                  |              | US POSTAL SERVICE                      | CL/POSTAGE                 | 351.74    |
|                  |              | VERIZON WIRELESS                       | CL/VERIZON WIRELESS        | 54.02     |
|                  |              | WINDSTREAM NUVOX INC                   | CL/PHONE BILL              | 68.32     |
|                  |              | KONICA MINOLTA BUSINESS SOLUTION USA I | CL/COPIER MAINTENANCE      | 101.91    |
|                  |              |  |                            |           |
|                  |              |  |                            |           |



| DEPARTMENT                          | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT   |
|-------------------------------------|--------------|--|----------------------------|----------|
|                                     |              | REGIONS BANK                           | CL/NEWEGG.COM              | 44.70    |
|                                     |              |  | TOTAL:                     | 5,095.87 |
| LEGISLATIVE - ALDERMAN GENERAL FUND |              | IL MUNICIPAL LEAGUE                    | AL/2016 IML DUES           | 1,000.00 |
|                                     |              |  | TOTAL:                     | 1,000.00 |
| TREASURER                           | GENERAL FUND | ABSOPURE WATER CO                      | TR/BOTTLES WATER SERVICE   | 26.00    |
|                                     |              | BASSETT LAW OFFICE PC                  | TR/LEGAL SERV/ATTORNEY POS | 282.46   |
|                                     |              | CALL ONE                               | TR/PHONE BILL              | 24.41    |
|                                     |              | CITY OF G C HEALTH CLAIM               | TR/HEALTH INSURANCE        | 2,507.85 |
|                                     |              | IL FUNDS - EPAY                        | TR/CREDIT CARD FEES        | 331.56   |
|                                     |              | IL MUNICIPAL LEAGUE                    | TR/2016 IML DUES           | 100.00   |
|                                     |              | TYCO INTEGRATED SECURITY LLC           | TR/ALARM SYSTEM            | 45.11    |
|                                     |              | US POSTAL SERVICE                      | TR/POSTAGE                 | 300.68   |
|                                     |              | GAIL VALLE                             | TR/BANKING/MILEAGE EXPENSE | 862.50   |
|                                     |              |  | TR/IMTA/TR INSTITUTE/MILEA | 178.82   |
|                                     |              | VERIZON WIRELESS                       | TR/VERIZON WIRELESS        | 54.02    |
|                                     |              | WINDSTREAM NUVOX INC                   | TR/PHONE BILL              | 68.32    |
|                                     |              | KONICA MINOLTA BUSINESS SOLUTION USA I | TR/COPIER MAINTENANCE      | 35.75    |
|                                     |              | REGIONS BANK                           | ASSOCIATION OF PUBLIC/MEMB | 192.00   |
|                                     |              |  | BUSINESS EQUIPMENT CENTER  | 55.79    |
|                                     |              |  | BUSINESS EQUIPMENT CENTER  | 69.92    |
|                                     |              |  | EIU/IMTA INSTITUTE REGISTR | 470.00   |
|                                     |              | FORTE PAYMENT SYSTEMS, INC             | TR/EQUIP WARRANTY FEES     | 658.00   |
|                                     |              |  | TOTAL:                     | 6,263.19 |
| FINANCIAL ADMINISTRATI GENERAL FUND |              | ABSOPURE WATER CO                      | FA/WATER                   | 6.50     |
|                                     |              | AMEREN ILLINOIS- ELECTRIC              | CH ELECT/ELECTRICITY       | 2,016.37 |
|                                     |              |  | CH GAS/ELECTRICITY         | 127.60   |
|                                     |              | IL POWER MARKETING                     | FA/ELECTRICITY             | 1,473.76 |
|                                     |              | ARAMARK UNIFORM SVCS INC               | FA/MATS                    | 234.17   |
|                                     |              |  | FA/MATS                    | 234.17   |
|                                     |              | RICHARD D BELL                         | FA/JUDGEMENT               | 432.83   |
|                                     |              | BESTCO BENEFIT PLANS, LLC              | RM/DECEMBER PREMIUMS       | 5,197.27 |
|                                     |              | CALL ONE                               | FA/PHONE BILL              | 24.41    |
|                                     |              | CHARTER COMMUNICATIONS                 | FA/INTERNET                | 90.00    |
|                                     |              | CITY OF G C HEALTH CLAIM               | FA/HEALTH INSURANCE        | 1,554.82 |
|                                     |              | FIRE SAFETY INC                        | FA/YEARLY MAINTENANCE      | 168.00   |
|                                     |              | IL AMERICAN WATER CO                   | FA/20TH ST                 | 24.45    |
|                                     |              |  | FA/1815 DELMAR AVE         | 24.45    |
|                                     |              | IL MUNICIPAL LEAGUE                    | FA/2016 IML DUES           | 100.00   |
|                                     |              | JUNEAU ASSOCIATES INC.                 | 2015 MCCD SLURRY SEAL ST I | 1,396.20 |
|                                     |              |  | 2015 MCCD HMA STREET IMPRO | 1,487.50 |
|                                     |              |  | UDAG MILLING/MPT/MCCD STRE | 2,232.50 |
|                                     |              |  | OIL & CHIP CITY STREETS/UD | 1,095.00 |
|                                     |              | M&M SERVICE CO                         | TOWNSHIP/GASOLINE & DIESEL | 1,236.77 |
|                                     |              |  | LIBRARY/GASOLINE & DIESEL  | 56.17    |
|                                     |              | NEW SYSTEM CRPT/BLDG CARE LTD          | FA/HAND SOAP/PUFFS FACIAL  | 294.53   |
|                                     |              | PACE TRUE VALUE HARDWARE               | FA/CABLE TIES/BLUE TAPE    | 27.98    |
|                                     |              |  | FA/SCREWS/HOOKS/DRILL BIT  | 8.26     |
|                                     |              |  | FA/PAINT/BUILDING MAINTENA | 13.84    |
|                                     |              | GATEWAY PEST CONTROL                   | FA/SPRAY FOR INSECTS/MATE  | 120.00   |
|                                     |              | SHERWIN-WILLIAMS CO                    | FA/PAINT/BUILDING MAINTENA | 28.18    |
|                                     |              |  | FA/PAINT/BUILDING MAINTENA | 49.35    |
|                                     |              |  | FA/PAINT/BUILDING MAINTENA | 8.99     |
|                                     |              |  | FA/PAINT/BUILDING MAINTENA | 17.16    |

| DEPARTMENT    | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT_   |
|---------------|--------------|--|----------------------------|-----------|
|               |              |  | FA/PAINT/BUILDING MAINTENA | 27.04     |
|               |              |  | FA/PAINT/BUILDING MAINTENA | 29.58     |
|               |              | US POSTAL SERVICE                      | FA/POSTAGE                 | 8.80      |
|               |              | WINDSTREAM NUVOX INC                   | FA/PHONE BILL              | 51.24     |
|               |              | GUARDIAN                               | RM/DECEMBER PREMIUMS       | 4,743.71  |
|               |              | KONICA MINOLTA BUSINESS SOLUTION USA I | FA/COPIER MAINTENANCE      | 35.75     |
|               |              | REGIONS BANK                           | TYLER BUSINESS             | 390.60    |
|               |              | STANDARD INSURANCE CO                  | RM/DECEMBER PREMIUMS       | 2,191.20  |
|               |              | BENEFIT ADMINISTRATIVE SYSTEMS         | PO/KLUMPP/REDSTONE         | 250.00    |
|               |              | STATE FARM INS                         | RM/JANUARY PREMIUMS        | 555.90    |
|               |              | CDD LLC                                | FA/SHREDDING               | 94.11     |
|               |              |  | TOTAL:                     | 28,159.16 |
| IT DEPARTMENT | GENERAL FUND | CITY OF G C HEALTH CLAIM               | IT/HEALTH INSURANCE        | 1,215.73  |
|               |              | SHANE MCKEAL                           | IT/SHANE LABOR/STEVEN LABO | 3,250.00  |
|               |              | NEW WORLD SYSTEMS                      | IT/SMA/ANNUAL SUPPORT/MAIN | 31,733.00 |
|               |              | TYLER TECHNOLOGIES INC                 | IT/ANNUAL SOFTWARE MAINTEN | 3,646.40  |
|               |              | VERIZON WIRELESS                       | IT/VERIZON WIRELESS        | 278.70    |
|               |              | REGIONS BANK                           | DISCOUNT CELL INC          | 44.95     |
|               |              |  | DISCOUNT CELL INC          | 36.29     |
|               |              |  | DISCOUNT CELL INC          | 36.28     |
|               |              |  | MAAS360                    | 816.00    |
|               |              |  | MAAS360                    | 888.00    |
|               |              |  | MONOPRICE                  | 67.59     |
|               |              |  | MXTOOLBOX                  | 20.00     |
|               |              |  | NEWEGG                     | 62.99     |
|               |              |  | NEWEGG                     | 188.97    |
|               |              |  | NEWEGG                     | 116.38    |
|               |              |  | NEWEGG                     | 21.99     |
|               |              |  | NEWEGG                     | 84.97     |
|               |              |  | NEWEGG                     | 231.98    |
|               |              |  | MICRON                     | 55.96     |
|               |              |  | HUSH COMMUNICATIONS        | 46.09     |
|               |              |  | MALWAREBYTES               | 1,892.50  |
|               |              |  | MALWAREBYTES               | 3,000.00  |
|               |              |  | PUBLIC ENGINES             | 99.00     |
|               |              |  | TOTAL:                     | 47,833.77 |
| POLICE        | GENERAL FUND | ALRIGHT CLEANERS                       | PO/PATRICH/CLOTHING ALLOWA | 14.00     |
|               |              | AMEREN ILLINOIS- ELECTRIC              | PO/ELECTRICITY             | 2,179.83  |
|               |              |  | TRAFFIC SIGNALS/ELECTRICIT | 4,237.81  |
|               |              | AMERICAN TRAFFIC SOLUTIONS             | TR/RED LIGHT CAMERA FEES/C | 9,689.90  |
|               |              | IL POWER MARKETING                     | PO/ELECTRICITY             | 2,028.40  |
|               |              | BROWNELLS INC                          | PO/REYNOLDS/CLOTHING ALLOW | 86.87     |
|               |              | BUSINESS EQUIPMENT CTR                 | PO/ENVELOPES               | 23.99     |
|               |              | CALL ONE                               | PO/PHONE BILL              | 85.99     |
|               |              | CDW GOVERNMENT INC                     | PO/ZEBRA PRINTER BATTERY/C | 385.34    |
|               |              |  | PO/THERMAL PRINTER SER/COM | 1,004.25  |
|               |              | CHARTER COMMUNICATIONS                 | PO/5 PK ADDL LPV4/INTERNET | 90.00     |
|               |              |  | PO/EXPANDED BASIC/DIGITAL  | 51.34     |
|               |              | CITY OF G C HEALTH CLAIM               | PO (SUB)/HEALTH INSURANCE  | 6,065.31  |
|               |              | CREEKWOOD ANIMAL HOSPITAL              | PO/AM HADLEY/OFFICE VISIT/ | 409.00    |
|               |              | CULLIGAN WATER CONDITIONING            | PO/WATER RENTAL            | 48.50     |
|               |              | DAVE SCHMIDT TRUCK SERVICE, INC.       | PO/CAR 45/OIL CHANGE/OIL F | 649.58    |
|               |              | DEMPSEY ADAMS CARSTAR                  | PO/CAR 27/REPLACE RADIATOR | 201.98    |
|               |              | FIRSTSPEAR LLC                         | PO/DAWES/CLOTHING ALLOWANC | 18.54     |

| DEPARTMENT | FUND | VENDOR NAME                     | DESCRIPTION                | AMOUNT    |
|------------|------|---------------------------------|----------------------------|-----------|
|            |      | GALL'S INC                      | PO/KLUMPP E/CLOTHING ALLOW | 49.39     |
|            |      | GRANITE CITY GLASS              | PO/CAR 11/REPAIR LEAK/SUNR | 274.00    |
|            |      | HEROS IN STYLE                  | PO/STACY/CLOTHING ALLOWANC | 70.15     |
|            |      |                                 | PO/BROOKS/CLOTHING ALLOWAN | 49.45     |
|            |      |                                 | PO/PATRICH/CLOTHING ALLOWA | 34.50     |
|            |      |                                 | PO/REDSTONE/CLOTHING ALLOW | 16.00     |
|            |      |                                 | PO/CLEMENTS/CLOTHING ALLOW | 84.98     |
|            |      |                                 | PO/KNIGHT/CLOTHING ALLOWAN | 55.49     |
|            |      | IL AMERICAN WATER CO            | PO/2330 MADISON AVE        | 54.48     |
|            |      | IL MUNICIPAL LEAGUE             | PO/2016 IML DUES           | 150.00    |
|            |      | LEON UNIFORM CO INC             | PO/KLUMPP A/CLOTHING ALLOW | 67.90     |
|            |      |                                 | PO/THEBEAU/CLOTHING ALLOWA | 82.99     |
|            |      |                                 | PO/BASTILLA/CLOTHING ALLOW | 21.99     |
|            |      | LUBY EQUIPMENT SVCS             | PO/GENERATOR/SERVICE/INSPE | 279.00    |
|            |      | M&M SERVICE CO                  | PO/GASOLINE & DIESEL       | 8,230.72  |
|            |      | MC ELECTRIC INC                 | PO/FLAG POLE LIGHTS/REPLAC | 814.40    |
|            |      | MOTOROLA SOLUTIONS              | PO/STARCOM 21 NETWORK MONT | 2,806.00  |
|            |      | NEW SYSTEM CRPT/BLDG CARE LTD   | PO/AUTOSCRUBBER/RED BUFFIN | 344.78    |
|            |      |                                 | PO/FOAM CUPS/TOILET PAPER/ | 367.98    |
|            |      | RAY O'HERRON CO                 | PO/BADGE/RETIRED CHAPLAIN  | 80.32     |
|            |      | OFFICE ESSENTIALS INC           | PO/HANGING FOLDERS         | 16.62     |
|            |      |                                 | PO/FELT RED PENS/TAPE      | 74.18     |
|            |      |                                 | PO/STAPLES/COPIER ELECTRIC | 38.16     |
|            |      |                                 | PO/CORK BOARDS/COMPLAINT R | 246.58    |
|            |      |                                 | PO/DESK/OTTOMAN SET/DETECT | 218.34    |
|            |      |                                 | PO/DESK CALENDERS/ENVELOPE | 219.63    |
|            |      |                                 | PO/CREDIT CARD THERMAL PAP | 42.27     |
|            |      |                                 | PO/ENVELOPES               | 25.32     |
|            |      |                                 | PO/2 BOXES MEDIUM BINDER C | 11.96     |
|            |      |                                 | PO/CD MAILER ENVELOPES/MAR | 51.92     |
|            |      | FACE TRUE VALUE HARDWARE        | PO/TAPE GUN                | 12.99     |
|            |      |                                 | PO/FLOUISSANT LIGHT        | 15.99     |
|            |      |                                 | PO/COMPLAINT ROOM BOARDS/A | 22.25     |
|            |      |                                 | PO/OFFICERS GUN LOCKER/KEY | 5.00      |
|            |      | POLICEMEN'S BENEVOLENT &        | PO/HEALTH INSURANCE        | 98,238.64 |
|            |      | GEORGE POPMARKOFF               | RM/DECEMBER PREMIUMS       | 115.00    |
|            |      | PURCELL TIRE COMPANY            | PO/CAR 21/TIRE REPAIR      | 21.40     |
|            |      |                                 | PO/CAR 41/TIRE REPAIR      | 25.68     |
|            |      |                                 | PO/CAR 173/TIRE REPLACEMEN | 122.34    |
|            |      | SIPCA                           | PO/MEMBERSHIP RENEWAL      | 525.00    |
|            |      | ST LOUIS REGIONAL CRIMESTOPPERS | PO/DUES 2016/ST LOUIS CRIM | 300.00    |
|            |      | STATE INDUSTRIAL PRODUCTS       | PO/ECOLUTION BIO FLOOR CLE | 188.50    |
|            |      |                                 | PO/BASENENT LS/DRAIN MAINT | 100.00    |
|            |      | TRANS UNION LLC                 | PO/BASIC SERVICE/TU DESKTO | 70.00     |
|            |      | US POSTAL SERVICE               | PO/POSTAGE                 | 344.06    |
|            |      | VALVOLINE INSTANT OIL CHANGE    | PO/CAR 47/OIL CHANGE       | 23.95     |
|            |      |                                 | PO/CAR 2/OIL CHANGE        | 23.95     |
|            |      | VERIZON WIRELESS                | PO/VERIZON WIRELESS        | 1,393.97  |
|            |      | WINDSTREAM NUVOX INC            | PO/PHONE BILL              | 256.15    |
|            |      | CHUCK HECK'S AUTO REPAIR        | PO/CAR 182/WATER PUMP/SERP | 281.40    |
|            |      |                                 | PO/CAR 16/CV SHAFT/AXILE S | 937.42    |
|            |      |                                 | PO/CAR 25/FUSE/3 HOLE AUX  | 55.49     |
|            |      |                                 | PO/CAR MERCURY/OIL CHANGE/ | 605.81    |
|            |      |                                 | PO/CAR 15/BOTH FRONT HUB B | 689.70    |
|            |      |                                 | PO/CAR 182/BATTERY         | 118.49    |
|            |      |                                 | PO/CAR 39/DRIVERS SIDE HEA | 23.95     |

| DEPARTMENT       | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT_    |
|------------------|--------------|--|----------------------------|------------|
|                  |              | VETERINARY SPECIALITY SERVICES         | PO/RAYL CUKY/SPINAL SURGER | 4,101.10   |
|                  |              |  | PO/CUKY/RAYLE/248 CEPHALEX | 55.26      |
|                  |              |  | PO/AM HASLEY/BALANCE SURGE | 13.50      |
|                  |              | ERIC BAILEY                            | PO/CLOTHING ALLOWANCE/AMAZ | 69.99      |
|                  |              | KONICA MINOLTA BUSINESS SOLUTION USA I | PO/COPIER MAINTENANCE      | 39.88      |
|                  |              | REGIONS BANK                           | PO/ATT                     | 174.99     |
|                  |              |  | NEWEGG                     | 335.00     |
|                  |              |  | AMMUNITION STORE           | 7,830.72   |
|                  |              |  | HOLIDAY INN                | 182.60     |
|                  |              |  | HOLIDAY INN                | 182.60     |
|                  |              |  | IACP                       | 370.00     |
|                  |              |  | IL STATE TREASURER         | 127.94     |
|                  |              |  | LOWES                      | 90.76      |
|                  |              |  | NATIONAL CONFERENCE REG FE | 300.00     |
|                  |              |  | PONTIAC SHELL FUEL         | 21.00      |
|                  |              |  | PUBLIC AGENCY              | 295.00     |
|                  |              |  | SHOP N SAVE                | 154.20     |
|                  |              |  | SHOP N SAVE                | 112.43     |
|                  |              |  | SHOP N SAVE                | 156.82     |
|                  |              |  | TRANSUNION                 | 110.50     |
|                  |              |  | WALMART                    | 17.91      |
|                  |              |  | WALMART                    | 159.00     |
|                  |              |  | CIRCLE K                   | 38.39      |
|                  |              |  | ECHOSECTINYPASS            | 30.00      |
|                  |              |  | FLAT TOP GRILL             | 17.22      |
|                  |              |  | LASCELLES                  | 108.81     |
|                  |              |  | SHOP N SAVE                | 225.32     |
|                  |              |  | SHELL FUEL                 | 26.95      |
|                  |              |  | CIRCLE K                   | 23.08      |
|                  |              |  | CRACKER BARREL             | 35.28      |
|                  |              |  | CRACKER BARREL             | 41.59      |
|                  |              |  | BECK'S                     | 16.00      |
|                  |              |  | REALTIME SPORTS            | 47.56      |
|                  |              |  | REALTIME SPORTS            | 99.17      |
|                  |              |  | WESTIN HOTELS              | 228.66     |
|                  |              |  | WESTIN HOTELS              | 228.66     |
|                  |              |  | ILACP                      | 99.00      |
|                  |              |  | JOS A BANK                 | 242.07     |
|                  |              | DEAN BASTILLA                          | PO/MEAL ALLOWANCE/JUVENILE | 140.00     |
|                  |              | DSG ARMS                               | PO/BLAYLOCK/CLOTHING ALLOW | 271.50     |
|                  |              |  | PO/BLAYLOCK/CLOTHING ALLOW | 228.63     |
|                  |              | FORTE PAYMENT SYSTEMS, INC             | PO/EQUIP WARRANTY FEES     | 319.00     |
|                  |              |  | TOTAL:                     | 164,035.35 |
| FIRE & AMBULANCE | GENERAL FUND | AIRGAS INC                             | FR/EMS SUPPLIES            | 99.20      |
|                  |              |  | FR/OXYGEN                  | 151.67     |
|                  |              | AMEREN ILLINOIS- ELECTRIC              | FR/ELECTRICITY             | 1,421.38   |
|                  |              | IL POWER MARKETING                     | FR/ELECTRICITY             | 715.26     |
|                  |              | ANDRES MEDICAL BILLING LTD             | FR/OCTOBER CHARGES         | 4,637.99   |
|                  |              | BANNER FIRE EQUIPMENT INC              | FR/FEET FOR EPV FAN        | 99.90      |
|                  |              |  | FR/PARTS/LABOR/4413        | 1,396.12   |
|                  |              |  | FR/PARTS/LABOR/4411        | 895.00     |
|                  |              | CALL ONE                               | FR/PHONE BILL              | 218.88     |
|                  |              | CITY OF G C HEALTH CLAIM               | FR/HEALTH INSURANCE        | 45,893.97  |
|                  |              | DAVID COOK                             | FR/REGISTRATION FEE/CE SOL | 60.00      |
|                  |              | DJ'S 4X4                               | FR/OIL CHANGE/4451         | 59.99      |

| DEPARTMENT    | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT    |
|---------------|--------------|--|----------------------------|-----------|
|               |              |  | FR/OIL CHANGE/4406         | 59.99     |
|               |              |  | FR/FUEL FILTER/4447        | 214.49    |
|               |              | FINK BADGE INC                         | FR/NEW NAME BARS/HODGES/CE | 41.74     |
|               |              | GATEWAY OCCUPATIONAL HEALTH            | RM/LAB FEES                | 83.00     |
|               |              | IL MUNICIPAL LEAGUE                    | FR/2016 IML DUES           | 150.00    |
|               |              | LEON UNIFORM CO INC                    | FR/LUSICIC/CLOTHING ALLOWA | 48.43     |
|               |              |  | FR/REINARD/CLOTHING ALLOWA | 130.62    |
|               |              |  | FR/KIRK/CLOTHING ALLOWANCE | 148.63    |
|               |              |  | FR/SCHMIDKTE/CLOTHING ALLO | 25.94     |
|               |              |  | FR/KOSKIE/CLOTHING ALLOWAN | 157.86    |
|               |              |  | FR/WILSON J/CLOTHING ALLOW | 127.86    |
|               |              |  | FR/BASTILLA/CLOTHING ALLOW | 179.98    |
|               |              |  | FR/BASTILLA/CLOTHING ALLOW | 25.94     |
|               |              |  | FR/MILES/CLOTHING ALLOWANC | 128.69    |
|               |              |  | FR/MORRIS/CLOTHING ALLOWAN | 42.95     |
|               |              |  | FR/MORRIS/CLOTHING ALLOWAN | 262.55    |
|               |              |  | FR/RICHEY/CLOTHING ALLOWAN | 99.99     |
|               |              |  | FR/BRINSON/CLOTHING ALLOWA | 279.54    |
|               |              |  | FR/PROPE/CLOTHING ALLOWAN  | 59.99     |
|               |              | M&M SERVICE CO                         | FR/GASOLINE & DIESEL       | 2,522.92  |
|               |              | NEW SYSTEM CRPT/BLDG CARE LTD          | FR/BLDG SUPPLIES           | 795.81    |
|               |              | SNELSON COLLISION REPAIR               | FR/REPAIR/STEVE WERTHS VEH | 622.02    |
|               |              | US POSTAL SERVICE                      | FR/POSTAGE                 | 4.85      |
|               |              | VERIZON WIRELESS                       | FR/VERIZON WIRELESS        | 663.13    |
|               |              | WINDSTREAM NUVOX INC                   | FR/PHONE BILL              | 85.40     |
|               |              | KONICA MINOLTA BUSINESS SOLUTION USA I | FR/COPIER MAINTENANCE      | 35.75     |
|               |              | REGIONS BANK                           | FR/ATT                     | 121.97    |
|               |              |  | CASSENS                    | 296.10    |
|               |              |  | LOWES                      | 4.79      |
|               |              |  | LOWES                      | 89.69     |
|               |              |  | LOWES                      | 266.96    |
|               |              |  | MCKAY NAPA                 | 31.44     |
|               |              |  | MCKAY NAPA                 | 33.47     |
|               |              |  | MCKAY NAPA                 | 9.49      |
|               |              |  | MCKAY NAPA                 | 105.40    |
|               |              |  | THE MEDICINE SHOPPE        | 8.94      |
|               |              |  | THE MEDICINE SHOPPE        | 0.18-     |
|               |              |  | FACE TRUE VALUE            | 10.78     |
|               |              |  | WALMART                    | 15.94     |
|               |              |  | WALMART                    | 23.94     |
|               |              |  | WALMART                    | 23.94-    |
|               |              |  | WALMART                    | 11.97     |
|               |              |  | WALMART                    | 84.55     |
|               |              |  | WALMART                    | 23.23     |
|               |              |  | IAAI                       | 115.00    |
|               |              |  | LEON                       | 81.93     |
|               |              |  | PURCELL                    | 27.50     |
|               |              |  | TOTAL:                     | 63,986.40 |
| CIVIL DEFENSE | GENERAL FUND | AMEREN ILLINOIS- ELECTRIC              | SIRENS/ELECTRICITY         | 493.34    |
|               |              | VERIZON WIRELESS                       | CD/VERIZON WIRELESS        | 54.02     |
|               |              | REGIONS BANK                           | BEC                        | 54.45     |
|               |              |  | TOTAL:                     | 601.81    |
| SAFETY        | GENERAL FUND | CALL ONE                               | RM/PHONE BILL              | 24.41     |
|               |              | CITY OF G C HEALTH CLAIM               | RM/HEALTH INSURANCE        | 1,980.32  |

| DEPARTMENT        | FUND         | VENDOR NAME                            | DESCRIPTION                | AMOUNT    |
|-------------------|--------------|--|----------------------------|-----------|
|                   |              | GATEWAY OCCUPATIONAL HEALTH            | RM/FLU SHOTS               | 1,634.00  |
|                   |              | PRESTIGE PRINTING CO.                  | RM/CITY ENVELOPES          | 162.00    |
|                   |              | US POSTAL SERVICE                      | RM/POSTAGE                 | 44.30     |
|                   |              | VERIZON WIRELESS                       | RM/VERIZON WIRELESS        | 54.02     |
|                   |              | WINDSTREAM NUVOX INC                   | RM/PHONE BILL              | 34.16     |
|                   |              | KONICA MINOLTA BUSINESS SOLUTION USA I | RM/COPIER MAINTENANCE      | 17.87     |
|                   |              | REGIONS BANK                           | PAGE                       | 3.45      |
|                   |              |  | ANNUAL REPORT              | 36.25     |
|                   |              |  | TOTAL:                     | 3,990.78  |
| BUILDING & ZONING | GENERAL FUND | ABSOPURE WATER CO                      | BZ/WATER                   | 32.50     |
|                   |              |  | BZ/WATER                   | 19.50     |
|                   |              | BUSINESS EQUIPMENT CTR                 | BZ/FOLDER                  | 55.98     |
|                   |              |  | BZ/WHITE OUT               | 7.96      |
|                   |              | CALL ONE                               | BZ/PHONE BILL              | 24.40     |
|                   |              | CITY OF G C HEALTH CLAIM               | BZ/SAN/HEALTH INSURANCE    | 4,947.75  |
|                   |              | IL MUNICIPAL LEAGUE                    | BZ/2016 IML DUES           | 100.00    |
|                   |              | IL STATE POLICE                        | BZ/LIVESCAN                | 298.50    |
|                   |              | JUNEAU ASSOCIATES INC.                 | GENERAL                    | 7,398.00  |
|                   |              | M&M SERVICE CO                         | BZ/GASOLINE & DIESEL       | 371.67    |
|                   |              | POLICEMEN'S BENEVOLENT &               | BZ/HEALTH INSURANCE        | 2,834.21  |
|                   |              | MICHAEL SLATON                         | BZ/VALUE OF PERMITS        | 1,815.00  |
|                   |              | US POSTAL SERVICE                      | BZ/POSTAGE                 | 271.03    |
|                   |              | VERIZON WIRELESS                       | BZ/VERIZON WIRELESS        | 510.89    |
|                   |              | WAYNE LUNSFORD                         | BZ/VALUE OF PERMITS        | 2,366.00  |
|                   |              | WINDSTREAM NUVOX INC                   | BZ/PHONE BILL              | 85.40     |
|                   |              | BARBARA'S SALES INC                    | BZ/SHORT/CLOTHING ALLOWANC | 100.00    |
|                   |              | KONICA MINOLTA BUSINESS SOLUTION USA I | BZ/COPIER MAINTENANCE      | 48.16     |
|                   |              |  | TOTAL:                     | 21,286.95 |
| PUBLIC WORKS      | GENERAL FUND | AIRGAS INC                             | PW/CYLINDER RENTAL FOR SHO | 152.55    |
|                   |              | AL'S AUTOMOTIVE SUPPLY INC             | PW/AIR CHUCH/SHOP TOOL     | 7.57      |
|                   |              |  | PW/TERMINAL/WIRE TOOL/SHOP | 19.37     |
|                   |              | AMEREN ILLINOIS- ELECTRIC              | PW/ELECTRICITY             | 1,120.98  |
|                   |              |  | ST LGHT CONTRACT/ELECTRICI | 29,814.63 |
|                   |              |  | LGHTS/ELECTRICITY          | 5,089.35  |
|                   |              |  | CHARGING STATION/ELECTRICI | 36.45     |
|                   |              | ARAMARK UNIFORM SVCS INC               | PW/MAT/RUG SERVICE         | 36.44     |
|                   |              |  | PW/MAT/RUG SERVICE         | 36.44     |
|                   |              |  | PW/MAT/RUG SERVICE         | 36.44     |
|                   |              | BELLEMORE ANIMAL HOSP                  | PW/MICROCHIP/RABIES #6137  | 40.00     |
|                   |              |  | PW/MICROCHIP/RABIES/6147   | 40.00     |
|                   |              |  | PW/VET EXPENSE             | 417.00    |
|                   |              | BOBCAT OF ST LOUIS                     | PW/HOSE/BOBCAT/RETURNS/WRO | 56.02     |
|                   |              | BUSINESS EQUIPMENT CTR                 | PW/2016 CALENDARS/OFFICE S | 200.87    |
|                   |              |  | PW/STAPLE REMOVER/STAPLER/ | 17.77     |
|                   |              |  | PW/WHITE OUT/POUCH LAM 5 M | 127.96    |
|                   |              | CALL ONE                               | PW/PHONE BILL              | 294.82    |
|                   |              | CHARTER COMMUNICATIONS                 | PW/BUSINESS TV             | 7.38      |
|                   |              | CITY OF G C HEALTH CLAIM               | PW/HEALTH INSURANCE        | 864.21    |
|                   |              | EMIL'S LAWNMOWER SERVICE               | PW/CHAINSAW PARTS/EQUIP MA | 467.69    |
|                   |              |  | PW/COIL FOR CHAINSAW       | 111.88    |
|                   |              | ERB EQUIPMENT CO.                      | PW/HYDRAULIC HOSE/FITTING/ | 129.72    |
|                   |              | JOHN FABICK TRACTOR CO                 | PW/CAT ROLLER RENTAL/PAVED | 5,425.00  |
|                   |              |  | PW/PICKUP CHARGE/ROLLER RE | 180.00    |
|                   |              | FASTENAL COMPANY                       | PW/NUTS/BOLTS/CUT OFF WHEE | 299.15    |

| DEPARTMENT | FUND | VENDOR NAME                 | DESCRIPTION                | AMOUNT   |
|------------|------|-----------------------------|----------------------------|----------|
|            |      |                             | PW/CABLE TIES/LOCK WASHERS | 11.19    |
|            |      | GATEWAY OCCUPATIONAL HEALTH | RM/LAB FEES                | 75.00    |
|            |      |                             | RM/GUFFY MED ONLY          | 134.93   |
|            |      | IL DEPT OF AGRICULTURE      | PW/NOON/PEST CONTROL LICEN | 20.00    |
|            |      |                             | PW/SCHMEIDERER/PEST CONT L | 20.00    |
|            |      |                             | PW/GLOVER/PEST CONTROL LIC | 20.00    |
|            |      | KEY EQUIPMENT & SUPPLY      | PW/MOTOR/STREET SWEEPER    | 1,111.90 |
|            |      |                             | PW/ST SWEEPER/DIRT SHOES/R | 554.14   |
|            |      | JAY LEMASTER                | PW/MEAL ALLOWANCE          | 10.00    |
|            |      | M&M SERVICE CO              | PW/GASOLINE & DIESEL       | 2,575.30 |
|            |      | MCKAY NAPA AUTO PARTS       | PW/BUILD/FUEL PUMP SPARE N | 175.74   |
|            |      |                             | PW/BAND CLAMP/TRUCK #3     | 11.49    |
|            |      |                             | PW/WASHER SOLUTION/FILTERS | 305.15   |
|            |      |                             | PW/DROP LIGHT              | 34.99    |
|            |      |                             | PW/HYDRAULIC FILTER        | 9.35     |
|            |      |                             | PW/RETURN HEATE HOSE/IN 20 | 13.63-   |
|            |      |                             | PW/LITHIUM GREASE/SHOP STO | 53.88    |
|            |      |                             | PW/RETURN ABOVE FILTER     | 9.35-    |
|            |      |                             | PW/WIPER BLADES/TRUCK #13  | 17.98    |
|            |      |                             | PW/OIL/BATTERY/SHOP STOCK  | 143.75   |
|            |      |                             | PW/TRUCK LIGHT BULBS/SHOP  | 37.96    |
|            |      |                             | PW/BULBS/TRUCK #13         | 23.98    |
|            |      |                             | PW/WIRE PLUG/TRUCK #13     | 9.69     |
|            |      |                             | PW/LIGHT/GROMMET/TRUCK #9  | 4.68     |
|            |      |                             | PW/LIGHTS/TR #13           | 81.94    |
|            |      |                             | PW/WARRANTY ADJUST/BATTERY | 34.86    |
|            |      |                             | PW/EXHAUST CLAMP/SHOP STOC | 11.49    |
|            |      |                             | PW/HEADLIGHT BULBS/SHOP ST | 37.96    |
|            |      |                             | PW/AIR FILTER/SWEEPER      | 93.33    |
|            |      |                             | PW/RAGS/FILTER/SHOP STOCK  | 281.61   |
|            |      | RUSH TRUCK CENTERS          | PW/MORE FILTERS/TRUCK #40  | 410.18   |
|            |      |                             | PW/FILTERS/TRUCK #40 & #41 | 171.94   |
|            |      |                             | PW/BRAKES/SEAL/TRUCK #10   | 245.96   |
|            |      |                             | PW/RETURN BRAKES/INV300058 | 63.84-   |
|            |      | O'BRIEN TIRE/SVC CTR INC    | PW/TIRE REPAIR/TRUCK #6    | 17.00    |
|            |      |                             | PW/NEW TIRE & INSTALL/TR # | 388.46   |
|            |      |                             | PW/NEW TIRE/INSTALL/TR #13 | 433.46   |
|            |      |                             | PW/TIRE REPAIR/TR TRAILER  | 169.50   |
|            |      |                             | PW/TIRE REPAIR/VAN #26     | 17.00    |
|            |      |                             | PW/TIRE REPAIR/TRUCK #2    | 17.00    |
|            |      |                             | PW/4 NEW TIRES/INSTALL/TR  | 506.36   |
|            |      |                             | PW/FOAM FILLED TIRES/SNOW  | 207.00   |
|            |      |                             | PW/NEW TIRES/TRUCK #17     | 257.74   |
|            |      | JOHNNY ON THE SPOT #347     | PW/PORTABLE TOILET SERVICE | 96.22    |
|            |      | PACE TRUE VALUE HARDWARE    | PW/FURNACE FILTER/FLOOR CL | 10.17    |
|            |      |                             | PW/BOLTS/WASHERS/PAINT CAB | 2.80     |
|            |      |                             | PW/STEAL/FLOOR BOARD/TR#10 | 29.19    |
|            |      | PRILL'S GARAGE              | PW/TRUCK DOT INSP/#T-19 &  | 82.00    |
|            |      |                             | PW/TRU DOT INSP/#3/#33/#34 | 148.00   |
|            |      |                             | PW/TRUCK DOT INSP/#37 & #4 | 82.00    |
|            |      | GATEWAY PEST CONTROL        | PW/INSECT/PEST CONTROL/ST  | 75.00    |
|            |      | SHERWIN-WILLIAMS CO         | PW/REMOVE TAX              | 5.92-    |
|            |      | US POSTAL SERVICE           | PW/POSTAGE                 | 0.97     |
|            |      | VERIZON WIRELESS            | PW/VERIZON WIRELESS        | 233.02   |
|            |      | WINDSTREAM NUVOX INC        | PW/PHONE BILL              | 85.40    |
|            |      | WISE EL SANTO COMPANY       | PW/SAFETY GLASSES          | 140.45   |

| DEPARTMENT | FUND               | VENDOR NAME                        | DESCRIPTION                | AMOUNT_   |
|------------|--------------------|------------------------------------|----------------------------|-----------|
|            |                    | WOODY'S MUNIC SUPPLY CO.           | PW/SNOW PLOW PARTS/EQUIP   | 850.18    |
|            |                    |                                    | PW/STOCK/6 SNOW PLOW BLADE | 1,139.10  |
|            |                    | O'REILLY AUTOMOTIVE INC            | PW/RADIO TRUCK #3          | 47.99     |
|            |                    | REGIONS BANK                       | MITCHELL PAHRMACY SOLUTION | 16.90     |
|            |                    |                                    | MITCHELL PAHRMACY SOLUTION | 127.24    |
|            |                    |                                    | LOWES                      | 10.54     |
|            |                    |                                    | LOWES                      | 229.00    |
|            |                    | EMPLOYERS & LABORERS               | PW/AUG-DEC PREMIUM INCREAS | 2,698.00  |
|            |                    |                                    | PW/HEALTH INSURANCE        | 36,052.50 |
|            |                    |                                    | PW/OCTOBER OVERPAY/BARNHAR | 1,184.00- |
|            |                    | IL STATE PAINTERS                  | PW/HEALTH INS/JOSEPH VALEN | 872.00    |
|            |                    | WARNING LITES OF SOUTHERN ILLINOIS | PW/SIGNS/GRAFFITI REMOVER/ | 178.99    |
|            |                    | QUALA                              | PW/TANK CLEANING SERVICE/T | 350.00_   |
|            |                    |                                    | TOTAL:                     | 96,054.50 |
| CINEMA     | GRANITE CITY CINEM | AMEREN ILLINOIS- ELECTRIC          | CN/ELECTRICITY             | 1,157.28  |
|            |                    | IL POWER MARKETING                 | CN/ELECTRICITY             | 1,155.42  |
|            |                    | CALL ONE                           | CN/PHONE BILL              | 56.34     |
|            |                    | CITY OF G C HEALTH CLAIM           | CN/HEALTH INSURANCE        | 438.32    |
|            |                    | COCA COLA REFRESHMENTS             | CN/SODA                    | 527.08    |
|            |                    |                                    | CN/SODA                    | 692.90    |
|            |                    | COLUMBIA/SONY PICTURES             | SPECTRE WEEK 1             | 1,669.85  |
|            |                    |                                    | SPECTRE WEEK 2             | 647.75    |
|            |                    |                                    | GOOSEBUMPS 3D WEEK 2       | 892.50    |
|            |                    |                                    | GOOSEBUMPS 2D WEEK 2       | 336.00    |
|            |                    |                                    | GOOSEBUMPS 2D WEEK 3       | 173.50    |
|            |                    |                                    | GOOSEBUMPS 3D WEEK 3       | 474.75    |
|            |                    | GENERAL CANDY CO                   | CN/CANDY                   | 265.50    |
|            |                    | IL AMERICAN WATER CO               | CN/1243 NIEDRINGHAUS AVE   | 53.54     |
|            |                    | IL DEPT OF REVENUE                 | CN/SALES & USE TAX         | 1,002.00  |
|            |                    | KANE MECHANICAL INC                | CN/HVAC REPAIR/INTALL COMP | 2,375.00  |
|            |                    | MOVIEAD                            | CN/SCOUTS GUIDE ZOMBIE APO | 23.75     |
|            |                    |                                    | CN/HUNGER GAMES MOCKINGJAY | 23.75     |
|            |                    |                                    | CN/NIGHT BEFORE/GOOD DINAS | 50.25     |
|            |                    | R L MUELLER NATIONAL DIST INC      | CN/COCONUT OIL/LIDS/FOOD T | 1,083.70  |
|            |                    |                                    | CN/OIL/LIDS/COKE PRINTS/WE | 1,157.00  |
|            |                    | NEW SYSTEM CRPT/BLDG CARE LTD      | CN/409/KITCHEN TOWELS/DUST | 676.26    |
|            |                    |                                    | CN/LONGARM LETTER CHANGER/ | 125.50    |
|            |                    | PACE TRUE VALUE HARDWARE           | CN/LIQUID PLUMBER          | 10.98     |
|            |                    |                                    | CN/DUCT TAPE               | 9.99      |
|            |                    |                                    | CN/CLR RND CORD CL         | 4.99      |
|            |                    |                                    | CN/PUSH CONNECTOR          | 2.09      |
|            |                    | JEFF TWITTY                        | CN/BOOKING/5 WEEKS @157.50 | 787.50    |
|            |                    | UNIVERSAL                          | CRIMSON PEAK WEEK 2        | 255.42    |
|            |                    | REGIONS BANK                       | IL AMERICAN WATER          | 175.81    |
|            |                    |                                    | AMAZON                     | 216.91    |
|            |                    |                                    | FILM-TECH                  | 883.00    |
|            |                    |                                    | OFFICE DEPOT               | 66.72     |
|            |                    |                                    | POS SUPPLY SOLUTIONS       | 488.29    |
|            |                    |                                    | TED DREWS                  | 152.40    |
|            |                    |                                    | WEST WORLD MEDIA           | 100.00    |
|            |                    | MERCURY PAYMENT SYSTEMS            | CN/CREDIT CARD MERCHANT ST | 619.89    |
|            |                    | REAL D                             | CN/HOTEL TRANSYLVANIA 2/MA | 198.50    |
|            |                    |                                    | CN/GOOSEBUMPS              | 103.00    |
|            |                    |                                    | CN/GOOSEBUMPS/PARANORMAL G | 152.00    |
|            |                    | 20TH CENTURY FOX FILM              | PERCENTAGE CHANGE THE MART | 52.04     |



| DEPARTMENT             | FUND               | VENDOR NAME                         | DESCRIPTION                | AMOUNT_     |
|------------------------|--------------------|-------------------------------------|----------------------------|-------------|
|                        |                    |                                     | PEANUTS MOVIE WEEK 1       | 961.02      |
|                        |                    |                                     | PEANUTS MOVE 3D WEEK 1     | 2,148.62    |
|                        |                    |                                     | PEANUTS MOVIE 3D WEEK 2    | 1,143.14    |
|                        |                    |                                     | PEANUTS MOVIE WEEK 2       | 498.18      |
|                        |                    | PARAMOUNT THEATRICAL DISTRIBUTION   | PERCENTAGE CHANGE TERMINAT | 162.61-     |
|                        |                    |                                     | PARANORMAL ACTIVITY 2D WEE | 58.00       |
|                        |                    |                                     | PARANORMAL ACTIVITY 3D WEE | 704.75      |
|                        |                    |                                     | SCOUT'S GUIDE TO THE ZOMB  | 141.00      |
|                        |                    |                                     | PARANORMAL ACTIVITY 2D WEE | 23.00       |
|                        |                    |                                     | PARANORMAL ACTIVITY 3D WEE | 474.25      |
|                        |                    |                                     | SCOUTS GUIDE TO THE ZOMB W | 200.50      |
|                        |                    | TECHNICOLOR INC                     | CN/SOUTS GUIDE             | 5.04        |
|                        |                    |                                     | CN/HATEFUL EIGHT           | 5.06        |
|                        |                    | WALT DISNEY STUDIOS MOTION PICTURES | BRIDGE OF SPIES WEEK 1     | 482.00_     |
|                        |                    |                                     | TOTAL:                     | 26,019.42   |
| NON-DEPARTMENTAL       | DRUG TRAFFIC PREVE | KOETTING FORD INC                   | PO/CAR 41/SRUTS/TUNE UP/SE | 3,310.99    |
|                        |                    | MAACO COLLISION REPAIR              | PO/CAR 55 HUMVEE/SAND GRIN | 2,951.10    |
|                        |                    | CHUCK HECK'S AUTO REPAIR            | PO/CAR 55 HUMVEE/BATTERIES | 371.90      |
|                        |                    | REGIONS BANK                        | POSITIVE PROMOTIONS        | 1,232.41_   |
|                        |                    |                                     | TOTAL:                     | 7,866.40    |
| STREET STRIPING        | MOTOR FUEL TAX FUN | SHERWIN-WILLIAMS CO                 | PW/YELLOW STREET PAINT     | 83.60       |
|                        |                    |                                     | PW/WHITE STREET PAINT      | 83.60_      |
|                        |                    |                                     | TOTAL:                     | 167.20      |
| SIDEWALK & CURB REPAIR | MOTOR FUEL TAX FUN | UPCHURCH                            | PW/RSA 6 SK                | 300.00_     |
|                        |                    |                                     | TOTAL:                     | 300.00      |
| BITUMINOUS PATCHING    | MOTOR FUEL TAX FUN | BEELMAN LOGISTICS LLC               | PW/SLAG CHIP ROCK/TOTAL PA | 66.86       |
|                        |                    | MACLAIR ASPHALT SALES LLC           | PW/TONS HOT MIX ASPHALT    | 794.61_     |
|                        |                    |                                     | TOTAL:                     | 861.47      |
| ENGINEERING COSTS      | MOTOR FUEL TAX FUN | JUNEAU ASSOCIATES INC.              | 2015 MFT PROGRAM/ADA RAMPS | 3,254.00    |
|                        |                    |                                     | 2015 MFT SLURRY SEAL PROGR | 1,658.70    |
|                        |                    |                                     | 2015 HMA/MFT PROGRAM       | 2,365.05    |
|                        |                    |                                     | MARYVILLE RD PATCHING/RESU | 4,267.63_   |
|                        |                    |                                     | TOTAL:                     | 11,545.38   |
| MOTOR FUEL FUND PROJEC | MOTOR FUEL TAX FUN | JUNEAU ASSOCIATES INC.              | MORRISON ROAD CONNECTOR CO | 16,488.50   |
|                        |                    | QUALITY TESTING/ENGINEERING INC     | NUCLEAR DENSITY TESTING    | 439.60      |
|                        |                    | L.W. CONTRACTORS, INC               | MORRISON RD CONNECTOR      | 157,178.90_ |
|                        |                    |                                     | TOTAL:                     | 174,107.00  |
| INVALID DEPARTMENT     | MOTOR FUEL TAX FUN | ELECTRICO INC                       | PW/IL 3/NORTHGATE INDUSTRI | 3,992.82    |
|                        |                    | PYRAMID ELECTRIC                    | PW/NIEDRINGHAUS/PONTOON RD | 2,696.77_   |
|                        |                    |                                     | TOTAL:                     | 6,689.59    |
| NON DEPARTMENT         | BELLMORE VILLAGE   | BELLEMORE CENTER LLC                | IL DEPT REV COLL MO        | 4,043.73_   |
|                        |                    |                                     | TOTAL:                     | 4,043.73    |
| NON-DEPARTMENTAL       | TAX INCREMENTAL FI | AMEREN ILLINOIS- ELECTRIC           | RED EXPENSE/ELECTRICITY    | 26.21       |
|                        |                    |                                     | SECURITY CAMERAS           | 296.84      |
|                        |                    | JUNEAU ASSOCIATES INC.              | NIEDRINGHAUS STREETScape/P | 6,067.81    |
|                        |                    | SNELSON COLLISION REPAIR            | ED/TIF GRANT REIMBURSEMENT | 9,727.50    |
|                        |                    | US STEEL CORP                       | TRIPLE G LINE              | 250,704.40  |

| DEPARTMENT       | FUND               | VENDOR NAME              | DESCRIPTION                | AMOUNT       |
|------------------|--------------------|--------------------------|----------------------------|--------------|
|                  |                    | REGIONS BANK             | NEWEGG                     | 4,045.72     |
|                  |                    |                          | SUPERBILZ                  | 6,296.38     |
|                  |                    |                          | TOTAL:                     | 277,164.86   |
| NON-DEPARTMENTAL | TIF 1991A TAXABLE  | KRAFT GENERAL FOODS INC  | TIF REBATE                 | 129,790.01   |
|                  |                    |                          | TOTAL:                     | 129,790.01   |
| NON-DEPARTMENTAL | TIF NAMEOKI COMMON | UMB BANK NA BONDS        | TR/NAMEOKI COMMONS SALES T | 9,380.84     |
|                  |                    |                          | TOTAL:                     | 9,380.84     |
| NON-DEPARTMENTAL | TIF PORT DISTRICT  | PGAV PLANNERS            | AMERICA'S CENTRAL PORT TIF | 9,008.05     |
|                  |                    |                          | TOTAL:                     | 9,008.05     |
| NON DEPARTMENT   | RTE 203 TIF FUND   | JUNEAU ASSOCIATES INC.   | FIRE STATION #2 DRIVEWAY/M | 111.20       |
|                  |                    | US STEEL CORP            | RTE 203 TIF                | 1,047,084.66 |
|                  |                    |                          | TOTAL:                     | 1,047,195.86 |
| DEBT SERVICE     | SEWAGE TREATMENT P | IEPA                     | WW/PRINCIPAL               | 35,520.75    |
|                  |                    |                          | WW/INTEREST                | 8,655.45     |
|                  |                    |                          | TOTAL:                     | 44,176.20    |
| SOLIDS HANDLING  | SEWAGE TREATMENT P | IL POWER MARKETING       | WW/ELECTRICITY             | 6,262.71     |
|                  |                    | BATES SALES COMPANY      | WW/SPROCKETS               | 136.25       |
|                  |                    | BRENNTAG MID-SOUTH INC   | WW/LOAD OF POLYMER         | 10,693.00    |
|                  |                    |                          | WW/2 DRUMS/HYDROCHLORIC AC | 574.00       |
|                  |                    | CHEMSTATION              | WW/CLEANING SUPPLY         | 783.30       |
|                  |                    | FASTENAL COMPANY         | WW/STOCK                   | 31.76        |
|                  |                    | INDUSTRIAL WIPING CLOTH  | WW/RAGS                    | 161.00       |
|                  |                    | KB TRUCK REPAIR INC      | WW/REPAIR                  | 311.16       |
|                  |                    |                          | WW/CLUTCH REPLACE          | 2,909.08     |
|                  |                    |                          | WW/ADJUST CLUTCH           | 103.52       |
|                  |                    | M&M SERVICE CO           | WW/LOAD OF DIESEL FUEL     | 278.31       |
|                  |                    |                          | WW/LOAD OF GASOLINE        | 517.39       |
|                  |                    |                          | WW/LOAD OF DIESEL FUEL     | 585.07       |
|                  |                    |                          | WW/LOAD OF GASOLINE        | 503.78       |
|                  |                    | MCKAY NAPA AUTO PARTS    | WW/BATTERY CABLE           | 12.21        |
|                  |                    | MILAM RDF                | WW/OCTOBER SERVICE CHARGES | 19,952.68    |
|                  |                    | O'BRIEN TIRE/SVC CTR INC | WW/REPAIR                  | 75.00        |
|                  |                    |                          | WW/REPAIR                  | 79.00        |
|                  |                    |                          | WW/REPAIR                  | 75.00        |
|                  |                    | PACE TRUE VALUE HARDWARE | WW/STOCK                   | 70.26        |
|                  |                    |                          | WW/PAINT                   | 16.76        |
|                  |                    |                          | WW/BLANK COVER             | 5.97         |
|                  |                    |                          | WW/PROPANE                 | 17.99        |
|                  |                    |                          | WW/GLASS                   | 30.98        |
|                  |                    |                          | WW/GLASS/WOOD FILTER       | 26.64        |
|                  |                    |                          | WW/LUMBER                  | 13.45        |
|                  |                    | PRAXAIR DISTRIBUTION INC | WW/RENTAL                  | 25.45        |
|                  |                    | CHARLES E SCOTT CO       | WW/GAS                     | 334.00       |
|                  |                    | VANGUARD TRUCK CENTER    | WW/TRUCK PARTS             | 83.70        |
|                  |                    | WALTCO TOOLS/EQUIPMENT   | WW/WRENCH                  | 11.99        |
|                  |                    | KOCH AIR                 | WW/MOTOR/CAPACITOR         | 357.86       |
|                  |                    |                          | TOTAL:                     | 45,039.27    |
| PAYROLL          | SEWAGE TREATMENT P | ARAMARK UNIFORM SVCS INC | WW/MATS/TOWELS/UNIFORMS    | 199.95       |
|                  |                    |                          | WW/MATS/TOWELS/UNIFORMS    | 203.70       |

| DEPARTMENT             | FUND               | VENDOR NAME                     | DESCRIPTION                | AMOUNT    |
|------------------------|--------------------|---------------------------------|----------------------------|-----------|
|                        |                    |                                 | WW/MATS/TOWELS/UNIFORMS    | 239.95    |
|                        |                    |                                 | WW/MATS/TOWELS/UNIFORMS    | 199.95    |
|                        |                    | CITY OF G C HEALTH CLAIM        | WW/HEALTH INSURANCE        | 26,140.41 |
|                        |                    | TODD PROPPES                    | WW/SAFETY CLASS            | 240.00    |
|                        |                    |                                 | WW/SAFETY CLASS            | 240.00    |
|                        |                    |                                 | WW/SAFETY CLASS            | 240.00    |
|                        |                    | SAMUEL PRAZMA                   | WW/CDL REIMBURSEMENT       | 50.00     |
|                        |                    |                                 | WW/CDL REIMBURSEMENT       | 50.00     |
|                        |                    |                                 | TOTAL:                     | 27,803.96 |
| B.O.D. TREATMENT       | SEWAGE TREATMENT P | IL POWER MARKETING              | WW/ELECTRICITY             | 15,656.75 |
|                        |                    | BATES SALES COMPANY             | WW/SPROCKETS               | 254.71    |
|                        |                    |                                 | WW/KEY STOCK               | 37.36     |
|                        |                    |                                 | WW/KEY STOCK               | 96.16     |
|                        |                    |                                 | WW/KEY STOCK               | 81.17     |
|                        |                    | DEMPSEY ADAMS CARSTAR           | WW/TRUCK REPAIR            | 5,480.88  |
|                        |                    | DURKIN                          | WW/TROUBLE SHOOT MAG       | 276.00    |
|                        |                    | ECC SUPPLY                      | WW/TRANSCIEVER             | 1,673.07  |
|                        |                    | GRAINGER                        | WW/FREIGHT ADJUSTMENT      | 36.00     |
|                        |                    |                                 | WW/IMPELLER WASHER         | 50.84     |
|                        |                    | IL ELECTRIC WORKS INC           | WW/4 BEARINGS              | 2,312.00  |
|                        |                    | REGIONS BANK                    | EDWARDSVILLE WINNELSON     | 405.96    |
|                        |                    |                                 | TOTAL:                     | 26,288.90 |
| PRIMARY TREATMENT      | SEWAGE TREATMENT P | IL POWER MARKETING              | WW/ELECTRICITY             | 1,565.68  |
|                        |                    |                                 | TOTAL:                     | 1,565.68  |
| GENERAL & ADMINISTRATI | SEWAGE TREATMENT P | ARAMARK UNIFORM SVCS INC        | WW/MATS/TOWELS/UNIFORMS    | 131.85    |
|                        |                    |                                 | WW/MATS/TOWELS/UNIFORMS    | 46.35     |
|                        |                    |                                 | WW/MATS/TOWELS/UNIFORMS    | 131.85    |
|                        |                    |                                 | WW/MATS/TOWELS/UNIFORMS    | 46.35     |
|                        |                    | GATEWAY OCCUPATIONAL HEALTH     | RM/CROUCH MEDICAL ONLY     | 330.88    |
|                        |                    | HACH COMPANY                    | WW/NITRITE                 | 198.97    |
|                        |                    |                                 | WW/TEST TUBE RACK/PHOSPHOR | 660.90    |
|                        |                    |                                 | WW/NITRATE                 | 167.40    |
|                        |                    |                                 | WW/PHOSPHORUS/NITRATE/AMMO | 1,201.61  |
|                        |                    | JUNEAU ASSOCIATES INC.          | WW/NPDES PERMIT SPEC COND  | 182.00    |
|                        |                    | DISCOVERY FIRST AID/SAFETY SVC  | WW/FIRST AID SUPPLY        | 153.74    |
|                        |                    | NEW SYSTEM CRPT/BLDG CARE LTD   | WW/OPERATION SUPPLY        | 44.60     |
|                        |                    |                                 | WW/OFFICE SUPPLY           | 1,236.94  |
|                        |                    | RIVER'S EDGE TELECOMMUNICATIONS | WW/SERVICE CHARGES         | 180.00    |
|                        |                    | VERIZON WIRELESS                | WW/VERIZON WIRELESS        | 357.37    |
|                        |                    | WILKINS-ANDERSON CO             | WW/PIPET/SLUDGE JUDGE ULTR | 417.94    |
|                        |                    | WINDSTREAM NUVOX INC            | WW/PHONE BILL              | 68.32     |
|                        |                    | REGIONS BANK                    | BECKER'S                   | 64.99     |
|                        |                    |                                 | CENTRAL ILLINOIS SCALE     | 1,079.29  |
|                        |                    |                                 | LOWES                      | 34.95     |
|                        |                    |                                 | WALMART                    | 64.19     |
|                        |                    |                                 | WALMART                    | 56.79     |
|                        |                    |                                 | WALMART                    | 17.50     |
|                        |                    |                                 | FAIRMONT CHICAGO           | 602.96    |
|                        |                    |                                 | FAIRMONT CHICAGO           | 602.96    |
|                        |                    |                                 | LOWES                      | 89.97     |
|                        |                    |                                 | PIZZERIA BRANDI            | 68.19     |
|                        |                    |                                 | PUBLIC HOUSE               | 42.36     |
|                        |                    |                                 | 7-ELEVEN                   | 43.48     |

| DEPARTMENT             | FUND               | VENDOR NAME               | DESCRIPTION                 | AMOUNT_    |
|------------------------|--------------------|---------------------------|-----------------------------|------------|
|                        |                    | BARBARA PERKINSON         | RM/HAMILTON ACCIDENT SETTLE | 1,998.41_  |
|                        |                    |                           | TOTAL:                      | 10,323.11  |
| DRY WEATHER PUMPING    | SEWAGE TREATMENT P | ALLIED ELECTRONICS INC    | WW/FAN                      | 169.23     |
|                        |                    | AMEREN ILLINOIS- ELECTRIC | WW/ELECTRICITY              | 6,471.96   |
|                        |                    | IL POWER MARKETING        | WW/ELECTRICITY              | 262.11     |
|                        |                    |                           | WW/ELECTRICITY              | 7,515.25   |
|                        |                    | COYLE SUPPLY INC          | WW/ASCO VALVE               | 106.25     |
|                        |                    | FASTENAL COMPANY          | WW/S/S UBOLTS               | 17.53      |
|                        |                    |                           | WW/BOLTS/NUTS               | 294.26     |
|                        |                    | SPRAYING SYSTEMS COMPANY  | WW/WASHJETS                 | 354.69     |
|                        |                    |                           | WW/WASHJETS                 | 255.49_    |
|                        |                    |                           | TOTAL:                      | 15,446.77  |
| WET WEATHER PUMPING    | SEWAGE TREATMENT P | AMEREN ILLINOIS- ELECTRIC | WW/ELECTRICITY              | 6,471.97   |
|                        |                    | IL POWER MARKETING        | WW/ELECTRICITY              | 262.10     |
|                        |                    |                           | WW/ELECTRICITY              | 313.14     |
|                        |                    | DFC ENTERPRISES L.P.      | WW/LOAD OF BLEACH           | 3,330.00   |
|                        |                    | GRAINGER                  | WW/AIR FILTER               | 56.41      |
|                        |                    |                           | WW/V-BELTS                  | 61.51_     |
|                        |                    |                           | TOTAL:                      | 10,495.13  |
| CAPITAL OUTLAY         | SEWAGE TREATMENT P | COYLE SUPPLY INC          | WW/VALVES                   | 4,834.98   |
|                        |                    | FIBERGLASS LAMINATORS CO  | WW/RESURFACE DOME           | 18,000.00  |
|                        |                    | FRENCH GERLEMAN           | WW/TECH CONNECT CONTRACT    | 2,535.30   |
|                        |                    | GLOBAL EQUIPMENT COMPANY  | WW/ALUM/LADDER              | 1,433.00   |
|                        |                    | JUNEAU ASSOCIATES INC.    | WW/AERATION PROJECT         | 10,512.00  |
|                        |                    | KB TRUCK REPAIR INC       | WW/REPLACE REAR SUSPENSION  | 18,793.40  |
|                        |                    |                           | WW/WELD CRACKS/TRAILER      | 1,006.77   |
|                        |                    | REGIONS BANK              | LAZ PARKING                 | 70.00_     |
|                        |                    |                           | TOTAL:                      | 57,185.45  |
| REGIONAL BOARD COSTS   | SEWAGE TREATMENT P | DURKIN                    | WW/OCTOBER SERVICE CHARGES  | 466.80     |
|                        |                    | UMB BANK-WWTP BOND        | LOCAL GOVT PROG REV BDS 20  | 424.00     |
|                        |                    | GENERAL FUND              | WW/ACCT/COMP EXPENSE        | 2,781.25_  |
|                        |                    |                           | TOTAL:                      | 3,672.05   |
| NON-DEPARTMENTAL       | SEWER SYSTEM FUND  | IEPA                      | WW/PRINCIPAL                | 38,270.00_ |
|                        |                    |                           | TOTAL:                      | 38,270.00  |
| INDUSTRIAL PRETREATMEN | SEWER SYSTEM FUND  | ARAMARK UNIFORM SVCS INC  | WW/MATS/TOWELS/UNIFORMS     | 7.10       |
|                        |                    |                           | WW/MATS/TOWELS/UNIFORMS     | 7.10       |
|                        |                    |                           | WW/MATS/TOWELS/UNIFORMS     | 7.10       |
|                        |                    |                           | WW/MATS/TOWELS/UNIFORMS     | 7.10       |
|                        |                    | CITY OF G C HEALTH CLAIM  | WW/PRETREAT/HEALTH INSURAN  | 1,202.91   |
|                        |                    |                           | WW/STP BILLIN/HEALTH INSUR  | 777.41_    |
|                        |                    |                           | TOTAL:                      | 2,008.72   |
| BILLING & COLLECTION   | SEWER SYSTEM FUND  | FUND 70                   | WW/OCT 2015/MONTHLY AVERAG  | 122,511.50 |
|                        |                    | RECORDER OF DEEDS         | SEW REL                     | 540.00     |
|                        |                    |                           | SEW LIENS                   | 540.00     |
|                        |                    |                           | SEW REL                     | 486.00     |
|                        |                    |                           | SEW LIENS                   | 270.00     |
|                        |                    |                           | SEW REL                     | 243.00     |
|                        |                    |                           | SEW LIENS                   | 324.00     |
|                        |                    |                           | SEW REL                     | 108.00     |

| DEPARTMENT             | FUND              | VENDOR NAME                    | DESCRIPTION                | AMOUNT_    |
|------------------------|-------------------|--------------------------------|----------------------------|------------|
|                        |                   |                                | SEW LIENS                  | 351.00     |
|                        |                   |                                | SEW REL                    | 216.00     |
|                        |                   |                                | SEW LIENS                  | 81.00      |
|                        |                   |                                | SEW REL                    | 216.00     |
|                        |                   |                                | SEW REL                    | 270.00     |
|                        |                   |                                | SEW REL                    | 27.00      |
|                        |                   | REGIONS BANK                   | TR/BANKING ANALYSIS        | 1,448.38   |
|                        |                   | TEKLAB INC                     | WW/G.C. PICKLING           | 276.00     |
|                        |                   |                                | WW/G.C. PICKLING           | 276.00     |
|                        |                   |                                | WW/AMSTED 20               | 28.00      |
|                        |                   |                                | WW/AMSTED 18               | 28.00      |
|                        |                   |                                | WW/DARLING                 | 225.00     |
|                        |                   |                                | WW/MILAM                   | 851.00     |
|                        |                   |                                | WW/P. FARMS                | 28.00      |
|                        |                   |                                | WW/P. FARMS                | 28.00      |
|                        |                   | US POSTAL SERVICE              | WW/POSTAGE                 | 306.89     |
|                        |                   | VERIZON WIRELESS               | WW/VERIZON WIRELESS        | 43.80      |
|                        |                   | REGIONS BANK                   | SEMAPHORE CORP             | 105.50     |
|                        |                   | AMERICAN WATER CAPITAL CORP    | WW/USAGE DATA COST         | 93.63_     |
|                        |                   |                                | TOTAL:                     | 129,921.70 |
| SEWER COLLECTION SYSTE | SEWER SYSTEM FUND | AMEREN ILLINOIS- ELECTRIC      | LS/ELECTRICITY             | 1,711.49   |
|                        |                   | BARCOM                         | PW/LS #21 SERVICE REPAIR/B | 121.88     |
|                        |                   | COE EQUIPMENT INC.             | PW/6 COUPLER PARTS/TR #14  | 146.06     |
|                        |                   | IEPA                           | WW/INTEREST                | 17,977.66  |
|                        |                   | JUNEAU ASSOCIATES INC.         | 2015 CATCH BASIN IMPROV/PH | 8,628.70   |
|                        |                   |                                | SEWER                      | 937.00     |
|                        |                   | PACE TRUE VALUE HARDWARE       | PW/SPARE LS KEYS           | 7.50       |
|                        |                   | VANDEVANTER ENGINEERING/COGENT | PW/LS PUMP #4/NAMEOKI/ST C | 264.08     |
|                        |                   |                                | PW/LS PUMP #17/LOGAN AVE   | 8,576.00   |
|                        |                   | GENERAL FUND                   | PW/LS TRUCK 19 RENTAL      | 832.00     |
|                        |                   |                                | PW/LS DAY LABOR            | 704.00     |
|                        |                   |                                | PW/LS DAY LABOR/OVERTIME C | 1,056.00   |
|                        |                   |                                | SEWER TRUCK 22 RENTAL      | 352.00     |
|                        |                   |                                | SEWER TRUCK 22 DRIVER      | 176.00     |
|                        |                   |                                | SEWER TRUCK 22 OPERATOR    | 176.00     |
|                        |                   |                                | DAY LABOR/OVERTIME/CALLOUT | 1,155.00_  |
|                        |                   |                                | TOTAL:                     | 42,821.37  |

| DEPARTMENT | FUND | VENDOR NAME | DESCRIPTION | AMOUNT_ |
|------------|------|-------------|-------------|---------|
|------------|------|-------------|-------------|---------|

## ===== FUND TOTALS =====

|    |                           |              |
|----|---------------------------|--------------|
| 10 | GENERAL FUND              | 450,417.31   |
| 15 | GRANITE CITY CINEMA       | 26,019.42    |
| 25 | DRUG TRAFFIC PREVENTION F | 7,866.40     |
| 30 | MOTOR FUEL TAX FUND       | 193,670.64   |
| 64 | BELLMORE VILLAGE          | 4,043.73     |
| 65 | TAX INCREMENTAL FINANCING | 277,164.86   |
| 66 | TIF 1991A TAXABLE BOND FU | 129,790.01   |
| 67 | TIF NAMEOKI COMMONS FUND  | 9,380.84     |
| 68 | TIF PORT DISTRICT         | 9,008.05     |
| 69 | RTE 203 TIF FUND          | 1,047,195.86 |
| 70 | SEWAGE TREATMENT PLANT FU | 241,996.52   |
| 71 | SEWER SYSTEM FUND         | 213,021.79   |

|              |              |
|--------------|--------------|
| GRAND TOTAL: | 2,609,575.43 |
|--------------|--------------|

TOTAL PAGES: 15

| DEPARTMENT             | FUND         | VENDOR NAME                | DESCRIPTION          | AMOUNT_     |
|------------------------|--------------|----------------------------|----------------------|-------------|
| FINANCIAL ADMINISTRATI | GENERAL FUND | GALLAGHER BASSETT SVCS INC | RM/OCTOBER GEN LIAB  | 1,557.19    |
|                        |              |                            | RM/OCTOBER WORK COMP | 107,097.13_ |
|                        |              |                            | TOTAL:               | 108,654.32  |

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===== FUND TOTALS =====
10  GENERAL FUND                108,654.32
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      GRAND TOTAL:              108,654.32
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TOTAL PAGES: 1

## D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -01

MAYOR

| 1ST - QUARTER TOTALS |          | 2ND - QUARTER TOTALS |          | 3RD - QUARTER TOTALS |          | 4TH - QUARTER TOTALS |          | ** TOTAL ** |          |          |
|----------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|-------------|----------|----------|
| 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 9 CHECK(S)           |          | 9 CHECK(S)  |          |          |
| NBR CHECKS           | 0.00     |                      | 0.00     |                      | 0.00     |                      | 12579.86 |             | 12579.86 |          |
| NET                  | -        |                      |          |                      |          |                      |          |             |          |          |
|                      |          |                      |          |                      |          |                      |          |             |          |          |
| *EARNINGS*           | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT      | HOURS    | AMOUNT   |
| GROSS                | -        | 0.00                 |          | 0.00                 |          | 0.00                 |          | 17757.37    |          | 17757.37 |
| SALARY               | -        | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 421.64   | 16782.37    | 421.64   | 16782.37 |
| TIF ADMIN            | -        | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 500.00      | 0.00     | 500.00   |
| DECLINE              | -        | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 150.00      | 0.00     | 150.00   |
| EXP ALLOW            | -        | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 325.00      | 0.00     | 325.00   |
|                      |          |                      |          |                      |          |                      |          |             |          |          |
| *DEDUCTIONS*         | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT      | EMPLOYER | DEDUCT   |
| OPTUM FUNDI          | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| HLTH FAM PR-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 150.00      | 0.00     | 150.00   |
| HLTH SNG PR-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 25.00       | 0.00     | 25.00    |
| HLTH SNG AF-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| HLTH FML AF-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| IPPPA 457 P-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| LOCAL 3405 -         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 4.20        | 0.00     | 4.20     |
| NCPERS LIFE-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 16.00       | 0.00     | 16.00    |
| STANDARD -           | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 6.70        | 0.00     | 6.70     |
| BAS 125 PLA-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| DENTAL PRE -         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 41.64       | 0.00     | 41.64    |
| DENTAL AFT -         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| DIVERS 457%-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 103.35      | 0.00     | 103.35   |
| I.M.R.F -            | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 1645.70  | 647.35      | 1645.70  | 647.35   |
| VERIZON -            | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 60.00       | 0.00     | 60.00    |
|                      |          |                      |          |                      |          |                      |          |             |          |          |
| *TAXES*              | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX         | TAXABLE  | TAX      |
| FEDERAL W/H-         | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 16790.03 | 2153.33     | 16790.03 | 2153.33  |
| STATE W/H -          | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 16790.03 | 628.06      | 16790.03 | 628.06   |
| FICA -               | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 17540.73 | 1087.53     | 17540.73 | 1087.53  |
| MEDICARE -           | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 17540.73 | 254.35      | 17540.73 | 254.35   |
| EIC CREDIT -         |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |          | 0.00     |



DEPARTMENT TOTALS  
 DEPARTMENT: 10 -02 CITY CLERK

| 1ST - QUARTER TOTALS |            |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |         | ** TOTAL ** |         |  |
|----------------------|------------|--------|----------------------|--------|----------------------|--------|----------------------|---------|-------------|---------|--|
| NBR CHECKS -         | 0 CHECK(S) |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 4 CHECK(S)           |         | 4 CHECK(S)  |         |  |
| NET -                | 0.00       |        | 0.00                 |        | 0.00                 |        | 5069.80              |         | 5069.80     |         |  |
|                      |            |        |                      |        |                      |        |                      |         |             |         |  |
| *EARNINGS*           | HOURS      | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT  | HOURS       | AMOUNT  |  |
| GROSS -              |            | 0.00   |                      | 0.00   |                      | 0.00   |                      | 7933.72 |             | 7933.72 |  |
| SALARY -             | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 346.64               | 7783.72 | 346.64      | 7783.72 |  |
| DECLINE -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 150.00  | 0.00        | 150.00  |  |
|                      |            |        |                      |        |                      |        |                      |         |             |         |  |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT  | EMPLOYER    | DEDUCT  |  |
| OPTUM FUNDI          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| HLTH FAM PR-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 100.00  | 0.00        | 100.00  |  |
| HLTH FML AF-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 50.00   | 0.00        | 50.00   |  |
| LOAN PAYMEN-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| IPPEA 457 P-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| NCPERS LIFE-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 32.00   | 0.00        | 32.00   |  |
| STANDARD -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 21.56   | 0.00        | 21.56   |  |
| AFLAC-PRETX-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| AFLAC-TXBL -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| BAS 125 PLA-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| DENTAL PRE -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 105.63  | 0.00        | 105.63  |  |
| DENTAL AFT -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| CHAPTER 13 -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| GARN FEE -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 4.41    | 0.00        | 4.41    |  |
| GARNISHMENT-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 220.06  | 0.00        | 220.06  |  |
| I.M.R.F -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 907.62               | 357.02  | 907.62      | 357.02  |  |
| HSA FUND -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| VERIZON -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
| MELLON ADD -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 108.75  | 0.00        | 108.75  |  |
| OPTUM ADD -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |  |
|                      |            |        |                      |        |                      |        |                      |         |             |         |  |
| *TAXES*              | TAXABLE    | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX     | TAXABLE     | TAX     |  |
| FEDERAL W/H-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 7262.32              | 994.19  | 7262.32     | 994.19  |  |
| STATE W/H -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 7262.32              | 287.42  | 7262.32     | 287.42  |  |
| FICA -               | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 7619.34              | 472.40  | 7619.34     | 472.40  |  |
| MEDICARE -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 7619.34              | 110.48  | 7619.34     | 110.48  |  |
| EIC CREDIT -         |            | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00    |             | 0.00    |  |

## D E P A R T M E N T   T O T A L S

DEPARTMENT: 10 -03

LEGISLATIVE - ALDERM

|              | 1ST - QUARTER TOTALS |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |         | ** TOTAL ** |         |
|--------------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|---------|-------------|---------|
| NBR CHECKS - | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 10 CHECK(S)          |         | 10 CHECK(S) |         |
| NET -        |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 2915.32 |             | 2915.32 |
|              |                      |        |                      |        |                      |        |                      |         |             |         |
| *EARNINGS*   | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT  | HOURS       | AMOUNT  |
| GROSS -      |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 3633.30 |             | 3633.30 |
| SALARY -     | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 45.00                | 2633.30 | 45.00       | 2633.30 |
| EXP ALLOW -  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1000.00 | 0.00        | 1000.00 |
|              |                      |        |                      |        |                      |        |                      |         |             |         |
| *DEDUCTIONS* | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT  | EMPLOYER    | DEDUCT  |
| NCPERS LIFE  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 16.00   | 0.00        | 16.00   |
| I.M.R.F -    | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 207.80               | 81.75   | 207.80      | 81.75   |
|              |                      |        |                      |        |                      |        |                      |         |             |         |
| *TAXES*      | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX     | TAXABLE     | TAX     |
| FEDERAL W/H- | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3551.55              | 204.11  | 3551.55     | 204.11  |
| STATE W/H -  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3551.55              | 138.12  | 3551.55     | 138.12  |
| FICA -       | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3633.30              | 225.30  | 3633.30     | 225.30  |
| MEDICARE -   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3633.30              | 52.70   | 3633.30     | 52.70   |
| EIC CREDIT - |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00    |             | 0.00    |

DEPARTMENT TOTALS

DEPARTMENT: 10 -04

TREASURER

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |            | 4TH - QUARTER TOTALS |          | ** TOTAL ** |          |         |
|----------------------|------------|----------------------|------------|----------------------|------------|----------------------|----------|-------------|----------|---------|
| NBR CHECKS -         | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 4 CHECK(S) | 4 CHECK(S)           |          |             |          |         |
| NET -                | 0.00       | 0.00                 | 0.00       | 0.00                 | 5149.42    | 5149.42              |          |             |          |         |
| *EARNINGS*           | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS    | AMOUNT      | HOURS    | AMOUNT  |
| GROSS -              |            | 0.00                 |            | 0.00                 |            | 0.00                 |          | 7827.03     |          | 7827.03 |
| SALARY -             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 346.65   | 7677.03     | 346.65   | 7677.03 |
| DECLINE -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 150.00      | 0.00     | 150.00  |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER | DEDUCT      | EMPLOYER | DEDUCT  |
| OPTUM FUNDI          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| HLTH FAM PR-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| HLTH SNG AF-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 25.00       | 0.00     | 25.00   |
| HLTH FML AF-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 100.00      | 0.00     | 100.00  |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 80.78       | 0.00     | 80.78   |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 17.48       | 0.00     | 17.48   |
| IPPPA 457 P-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 220.20      | 0.00     | 220.20  |
| LOCAL 3405 -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 4.20        | 0.00     | 4.20    |
| STANDARD -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 6.16        | 0.00     | 6.16    |
| AFLAC-PRETX-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| AFLAC-TXBL -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 45.70       | 0.00     | 45.70   |
| BAS 125 PLA-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| DENTAL PRE -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| DENTAL AFT -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 41.64       | 0.00     | 41.64   |
| I.M.R.F -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 895.41   | 352.22      | 895.41   | 352.22  |
| MELLON ADD -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| REIMBURSE -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| *TAXES*              | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE  | TAX         | TAXABLE  | TAX     |
| FEDERAL W/H-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 7254.61  | 920.13      | 7254.61  | 920.13  |
| STATE W/H -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 7254.61  | 265.33      | 7254.61  | 265.33  |
| FICA -               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 7827.03  | 485.28      | 7827.03  | 485.28  |
| MEDICARE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 7827.03  | 113.49      | 7827.03  | 113.49  |
| EIC CREDIT -         |            | 0.00                 |            | 0.00                 |            | 0.00                 |          | 0.00        |          | 0.00    |

## DEPARTMENT TOTALS

DEPARTMENT: 10 -05

FINANCIAL ADMINISTRATION

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |            | 4TH - QUARTER TOTALS |            | ** TOTAL ** |            |         |
|----------------------|------------|----------------------|------------|----------------------|------------|----------------------|------------|-------------|------------|---------|
| NBR CHECKS -         | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 3 CHECK(S) | 3 CHECK(S)           | 3 CHECK(S) | 3 CHECK(S)  | 3 CHECK(S) |         |
| NET -                | 0.00       | 0.00                 | 0.00       | 0.00                 | 3562.61    | 3562.61              | 3562.61    | 3562.61     | 3562.61    |         |
|                      |            |                      |            |                      |            |                      |            |             |            |         |
| *EARNINGS*           | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT      | HOURS      | AMOUNT  |
| GROSS -              |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 4988.47     |            | 4988.47 |
| SALARY -             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 216.62     | 4763.47     | 216.62     | 4763.47 |
| WC ED -              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 225.00      | 0.00       | 225.00  |
|                      |            |                      |            |                      |            |                      |            |             |            |         |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT      | EMPLOYER   | DEDUCT  |
| OPTUM FUNDI          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00    |
| HLTH FAM PR-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 100.00      | 0.00       | 100.00  |
| HLTH SNG PR-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00    |
| DENTAL PRE -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00    |
| I.M.R.F -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 570.68     | 224.48      | 570.68     | 224.48  |
| MELLON ADD -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 16.66       | 0.00       | 16.66   |
| REIMBURSE -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00    |
|                      |            |                      |            |                      |            |                      |            |             |            |         |
| *TAXES*              | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX         | TAXABLE    | TAX     |
| FEDERAL W/H-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 4647.33    | 537.73      | 4647.33    | 537.73  |
| STATE W/H -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 4647.33    | 174.28      | 4647.33    | 174.28  |
| FICA -               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 4871.81    | 302.06      | 4871.81    | 302.06  |
| MEDICARE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 4871.81    | 70.65       | 4871.81    | 70.65   |
| EIC CREDIT -         |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 0.00        |            | 0.00    |

## DEPARTMENT TOTALS

DEPARTMENT: 10 -06

IT DEPARTMENT

|              |          | 1ST - QUARTER TOTALS |          | 2ND - QUARTER TOTALS |          | 3RD - QUARTER TOTALS |          | 4TH - QUARTER TOTALS |          | ** TOTAL ** |  |
|--------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|-------------|--|
|              |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 2 CHECK(S)           |          | 2 CHECK(S)  |  |
| NET -        |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 3850.65              |          | 3850.65     |  |
|              |          |                      |          |                      |          |                      |          |                      |          |             |  |
| *EARNINGS*   | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT      |  |
| GROSS -      |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 5608.34              |          | 5608.34     |  |
| SALARY -     | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 173.32   | 5608.34              | 173.32   | 5608.34     |  |
|              |          |                      |          |                      |          |                      |          |                      |          |             |  |
| *DEDUCTIONS* | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT      |  |
| OPTUM FUNDI  | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        |  |
| HLTH FAM PR- | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 50.00                | 0.00     | 50.00       |  |
| HLTH SNG AF- | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 25.00                | 0.00     | 25.00       |  |
| HLTH FML AF- | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        |  |
| STANDARD -   | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 3.08                 | 0.00     | 3.08        |  |
| I.M.R.F -    | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 641.60   | 252.38               | 641.60   | 252.38      |  |
|              |          |                      |          |                      |          |                      |          |                      |          |             |  |
| *TAXES*      | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX         |  |
| FEDERAL W/H- | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 5305.96  | 803.05               | 5305.96  | 803.05      |  |
| STATE W/H -  | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 5305.96  | 198.97               | 5305.96  | 198.97      |  |
| FICA -       | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 5558.34  | 344.61               | 5558.34  | 344.61      |  |
| MEDICARE -   | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 5558.34  | 80.60                | 5558.34  | 80.60       |  |
| EIC CREDIT - |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |  |

## DEPARTMENT TOTALS

DEPARTMENT: 10 -07

POLICE

|              |   | 1ST - QUARTER TOTALS |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |           | ** TOTAL ** |           |
|--------------|---|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|-----------|-------------|-----------|
| NBR CHECKS - |   | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 74 CHECK(S)          |           | 74 CHECK(S) |           |
| NET -        |   | 0.00                 |        | 0.00                 |        | 0.00                 |        | 143991.37            |           | 143991.37   |           |
|              |   | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT    | HOURS       | AMOUNT    |
| *EARNINGS*   |   |                      |        |                      |        |                      |        |                      |           |             |           |
| GROSS        | - |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 215762.01 |             | 215762.01 |
| SALARY       | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 5818.74              | 191458.01 | 5818.74     | 191458.01 |
| HOURLY PAY   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 51.00                | 420.75    | 51.00       | 420.75    |
| SHORT/CHG    | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 48.00                | 1420.19   | 48.00       | 1420.19   |
| REIM OT      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 48.00                | 2413.55   | 48.00       | 2413.55   |
| OVERTIME PA- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 43.50                | 2051.11   | 43.50       | 2051.11   |
| COURT TIME   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 10.00                | 661.31    | 10.00       | 661.31    |
| CALL OUT     | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 18.00                | 877.98    | 18.00       | 877.98    |
| C O R        | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 122.00               | 4880.00   | 122.00      | 4880.00   |
| HOLIDAY      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 190.00               | 9081.16   | 190.00      | 9081.16   |
| RANK DIFF    | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 204.00               | 554.72    | 204.00      | 554.72    |
| DISPATCH 2   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 292.00               | 292.00    | 292.00      | 292.00    |
| SHIF/DIFF3   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 1095.00              | 711.75    | 1095.00     | 711.75    |
| WC ED        | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 87.50     | 0.00        | 87.50     |
| INJURED      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 262.94-   | 0.00        | 262.94-   |
| DECLINE      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 600.00    | 0.00        | 600.00    |
| LIEU OF      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 24.00                | 514.92    | 24.00       | 514.92    |
| *DEDUCTIONS* |   | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT    | EMPLOYER    | DEDUCT    |
| OPTUM FUNDI  | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| HLTH FAM PR- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 150.00    | 0.00        | 150.00    |
| HLTH SNG PR- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 25.00     | 0.00        | 25.00     |
| HLTH SNG AF- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 50.00     | 0.00        | 50.00     |
| HLTH FML AF- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 100.00    | 0.00        | 100.00    |
| PBPA CHIEF   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 60.00     | 0.00        | 60.00     |
| LOAN PAYMEN- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1047.65   | 0.00        | 1047.65   |
| LOAN PAYMEN- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 386.37    | 0.00        | 386.37    |
| LOAN PAYMEN- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 326.74    | 0.00        | 326.74    |
| COLONIAL IN- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 21.35     | 0.00        | 21.35     |
| IPFFA 457 P- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1926.00   | 0.00        | 1926.00   |
| PBPA LABOR   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 2565.00   | 0.00        | 2565.00   |
| LOCAL 3405   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 12.60     | 0.00        | 12.60     |
| NCPERS LIFE- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 48.00     | 0.00        | 48.00     |
| STANDARD     | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 452.88    | 0.00        | 452.88    |
| AFLAC-PRETX- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 217.98    | 0.00        | 217.98    |
| AFLAC-TXBL   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1415.14   | 0.00        | 1415.14   |
| BAS 125 PLA- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 125.00    | 0.00        | 125.00    |
| POLICE/FIRE- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 138.74    | 0.00        | 138.74    |
| DENTAL PRE   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 28.40     | 0.00        | 28.40     |
| DENTAL AFT   | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 19.81     | 0.00        | 19.81     |
| CHILD SUPPT- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1838.01   | 0.00        | 1838.01   |
| DIVERS 457%- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1208.31   | 0.00        | 1208.31   |
| GARN FEE     | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| GARNISHMENT- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| PRIN LOAN    | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 57.68     | 0.00        | 57.68     |
| LOAN PYMT    | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 80.60     | 0.00        | 80.60     |
| PRINCIPAL    | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 515.00    | 0.00        | 515.00    |
| I.M.R.F      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 2999.91              | 1180.05   | 2999.91     | 1180.05   |
| POL PENSION- | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 16632.09  | 0.00        | 16632.09  |
| VERIZON      | - | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 355.00    | 0.00        | 355.00    |

11/25/2015 9:06 AM

## P A Y R O L L   H I S T O R Y   R E P O R T

PAGE: 8

PAYROLL NO#: 01 - City of Granite City

SORTED BY DEPARTMENT

DATE: 11/16/2015 THRU 11/30/2015

|              |         |      |         |      |         |      |           |          |           |          |
|--------------|---------|------|---------|------|---------|------|-----------|----------|-----------|----------|
| MELLON ADD ~ | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 87.50    | 0.00      | 87.50    |
| REIMBURSE -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| *TAXES*      | TAXABLE | TAX  | TAXABLE | TAX  | TAXABLE | TAX  | TAXABLE   | TAX      | TAXABLE   | TAX      |
| FEDERAL W/H- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 193666.68 | 28783.66 | 193666.68 | 28783.66 |
| STATE W/H -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 193666.68 | 7201.14  | 193666.68 | 7201.14  |
| FICA -       | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 26602.51  | 1649.35  | 26602.51  | 1649.35  |
| MEDICARE -   | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 211422.96 | 3065.59  | 211422.96 | 3065.59  |
| EIC CREDIT - |         | 0.00 |         | 0.00 |         | 0.00 |           | 0.00     |           | 0.00     |

DEPARTMENT TOTALS

DEPARTMENT: 10 -08

FIRE & AMBULANCE

| 1ST - QUARTER TOTALS |            |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |           | ** TOTAL ** |           |
|----------------------|------------|--------|----------------------|--------|----------------------|--------|----------------------|-----------|-------------|-----------|
| NBR CHECKS -         | 0 CHECK(S) |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 54 CHECK(S)          |           | 54 CHECK(S) |           |
| NET -                | 0.00       |        | 0.00                 |        | 0.00                 |        | 116183.69            |           | 116183.69   |           |
|                      |            |        |                      |        |                      |        |                      |           |             |           |
| *EARNINGS*           | HOURS      | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT    | HOURS       | AMOUNT    |
| GROSS -              |            | 0.00   |                      | 0.00   |                      | 0.00   |                      | 183549.99 |             | 183549.99 |
| SALARY -             | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 5846.17              | 159991.63 | 5846.17     | 159991.63 |
| CALL OUT -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 44.00                | 1781.18   | 44.00       | 1781.18   |
| HOLIDAY -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 360.00               | 14799.53  | 360.00      | 14799.53  |
| RANK DIFF -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 936.00               | 1772.44   | 936.00      | 1772.44   |
| EMA COOR -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 500.00    | 0.00        | 500.00    |
| DECLINE -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 600.00    | 0.00        | 600.00    |
| CEU HOURS -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 106.00               | 4105.21   | 106.00      | 4105.21   |
|                      |            |        |                      |        |                      |        |                      |           |             |           |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT    | EMPLOYER    | DEDUCT    |
| UMB FUNDING          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| OPTUM FUNDI-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| H.S.A -              | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| HLTH FAM PR-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 2000.00   | 0.00        | 2000.00   |
| HLTH SNG PR-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 250.00    | 0.00        | 250.00    |
| HLTH SNG AF-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| HLTH FML AF-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| LOAN PAYMEN-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 668.91    | 0.00        | 668.91    |
| LOAN PAYMEN-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 34.28     | 0.00        | 34.28     |
| COLONIAL IN-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 15.00     | 0.00        | 15.00     |
| IPPPA 457 P-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 3873.08   | 0.00        | 3873.08   |
| FIRE LOC 25-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 3537.54   | 0.00        | 3537.54   |
| STANDARD -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 452.72    | 0.00        | 452.72    |
| AFLAC-PRETX-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 66.48     | 0.00        | 66.48     |
| BAS 125 PLA-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| POLICE/FIRE-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 895.74    | 0.00        | 895.74    |
| DENTAL PRE -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 253.42    | 0.00        | 253.42    |
| 253 FIRE PA-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 192.70    | 0.00        | 192.70    |
| ADD FIRE PA-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 40.50     | 0.00        | 40.50     |
| CHILD SUPPT-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 955.00    | 0.00        | 955.00    |
| DIVERS 457%-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 479.70    | 0.00        | 479.70    |
| GARNISHMENT-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| GARN FEE -           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1.49      | 0.00        | 1.49      |
| GARNISHMENT-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 74.40     | 0.00        | 74.40     |
| PRIN LOAN -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 279.13    | 0.00        | 279.13    |
| LOAN PYMT -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| PRINCIPAL -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 695.00    | 0.00        | 695.00    |
| I.M.R.F -            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 227.82               | 89.62     | 227.82      | 89.62     |
| FIRE PENSIO-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 14986.19  | 0.00        | 14986.19  |
| ALLST-PRETA-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 62.56     | 0.00        | 62.56     |
| ALLST-TAXAB-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 2.45      | 0.00        | 2.45      |
| MELLON ADD -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 71.73     | 0.00        | 71.73     |
| MELLON ADD -         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| OPTUM ADD -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| LOAN PAYMEN-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 270.42    | 0.00        | 270.42    |
| REIMBURSE -          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| UMB ADDITIO-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
| UMB ADD PRE-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00        | 0.00      |
|                      |            |        |                      |        |                      |        |                      |           |             |           |
| *TAXES*              | TAXABLE    | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX       | TAXABLE     | TAX       |
| FEDERAL W/H-         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 175708.40            | 28046.39  | 175708.40   | 28046.39  |



11/25/2015 9:06 AM

PAYROLL NO#: 01 - City of Granite City

PAYROLL HISTORY  
SORTED BY DEPARTMENT

REPORT

PAGE: 10

DATE: 11/16/2015 THRU 11/30/2015

|              |      |      |      |      |      |      |           |         |           |         |
|--------------|------|------|------|------|------|------|-----------|---------|-----------|---------|
| STATE W/H -  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 175708.40 | 6493.83 | 175708.40 | 6493.83 |
| FICA -       | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1899.99   | 117.80  | 1899.99   | 117.80  |
| MEDICARE -   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 169670.85 | 2460.22 | 169670.85 | 2460.22 |
| EIC CREDIT - |      | 0.00 |      | 0.00 |      | 0.00 |           | 0.00    |           | 0.00    |

## D E P A R T M E N T   T O T A L S

DEPARTMENT: 10 -09

CIVIL DEFENSE

|              |          | 1ST - QUARTER TOTALS |          | 2ND - QUARTER TOTALS |          | 3RD - QUARTER TOTALS |          | 4TH - QUARTER TOTALS |          | ** TOTAL ** |      |
|--------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|-------------|------|
|              |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)  |      |
| NBR CHECKS - |          |                      |          |                      |          |                      |          |                      |          |             |      |
| NET -        |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |      |
|              |          |                      |          |                      |          |                      |          |                      |          |             |      |
| *EARNINGS*   | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT      |      |
| GROSS -      |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |      |
|              |          |                      |          |                      |          |                      |          |                      |          |             |      |
| *DEDUCTIONS* | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT      |      |
|              |          |                      |          |                      |          |                      |          |                      |          |             |      |
| *TAXES*      | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX         |      |
| FEDERAL W/H  | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00 |
| STATE W/H -  | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00 |
| FICA -       | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00 |
| MEDICARE -   | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00                 | 0.00     | 0.00        | 0.00 |
| EIC CREDIT - |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        | 0.00 |

| D E P A R T M E N T     T O T A L S |            |        |                      |        |                      |        |                      |         |             |         |
|-------------------------------------|------------|--------|----------------------|--------|----------------------|--------|----------------------|---------|-------------|---------|
| DEPARTMENT: 10 -11                  |            |        | SAFETY               |        |                      |        |                      |         |             |         |
| 1ST - QUARTER TOTALS                |            |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |         | ** TOTAL ** |         |
| NBR CHECKS -                        | 0 CHECK(S) |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 2 CHECK(S)           |         | 2 CHECK(S)  |         |
| NET -                               | 0.00       |        | 0.00                 |        | 0.00                 |        | 2752.90              |         | 2752.90     |         |
| *EARNINGS*                          | HOURS      | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT  | HOURS       | AMOUNT  |
| GROSS -                             |            | 0.00   |                      | 0.00   |                      | 0.00   |                      | 4160.99 |             | 4160.99 |
| SALARY -                            | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 173.32               | 4160.99 | 173.32      | 4160.99 |
| *DEDUCTIONS*                        | EMPLOYER   | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT  | EMPLOYER    | DEDUCT  |
| OPTUM FUNDI                         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| HLTH FAM PR-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 100.00  | 0.00        | 100.00  |
| HLTH SNG PR-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| LOAN PAYMEN-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| LOAN PAYMEN-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| IPPEA 457 P-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 90.00   | 0.00        | 90.00   |
| NCPERS LIFE-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 16.00   | 0.00        | 16.00   |
| STANDARD -                          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 48.26   | 0.00        | 48.26   |
| DENTAL PRE -                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 28.40   | 0.00        | 28.40   |
| I.M.R.F -                           | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 476.01               | 187.25  | 476.01      | 187.25  |
| HSA FUND -                          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| MELLON ADD -                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| OPTUM ADD -                         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00    | 0.00        | 0.00    |
| *TAXES*                             | TAXABLE    | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX     | TAXABLE     | TAX     |
| FEDERAL W/H-                        | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3755.34              | 488.86  | 3755.34     | 488.86  |
| STATE W/H -                         | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 3755.34              | 140.83  | 3755.34     | 140.83  |
| FICA -                              | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 4032.59              | 250.02  | 4032.59     | 250.02  |
| MEDICARE -                          | 0.00       | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 4032.59              | 58.47   | 4032.59     | 58.47   |
| EIC CREDIT -                        |            | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00    |             | 0.00    |

## DEPARTMENT TOTALS

DEPARTMENT: 10 -12

BUILDING &amp; ZONING

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |             | 4TH - QUARTER TOTALS |          | ** TOTAL ** |          |          |
|----------------------|------------|----------------------|------------|----------------------|-------------|----------------------|----------|-------------|----------|----------|
| NBR CHECKS -         | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 13 CHECK(S) | 13 CHECK(S)          |          |             |          |          |
| NET -                | 0.00       | 0.00                 | 0.00       | 0.00                 | 14209.90    | 14209.90             |          |             |          |          |
| *EARNINGS*           | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS       | AMOUNT               | HOURS    | AMOUNT      | HOURS    | AMOUNT   |
| GROSS -              |            | 0.00                 |            | 0.00                 |             | 0.00                 |          | 20682.22    |          | 20682.22 |
| SALARY -             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 866.60   | 18238.72    | 866.60   | 18238.72 |
| HOURLY PAY -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 146.00   | 2118.50     | 146.00   | 2118.50  |
| WC ED -              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 75.00       | 0.00     | 75.00    |
| AUX COOR -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 100.00      | 0.00     | 100.00   |
| DECLINE -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 150.00      | 0.00     | 150.00   |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER    | DEDUCT               | EMPLOYER | DEDUCT      | EMPLOYER | DEDUCT   |
| OPTUM FUNDI -        | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| H.S.A -              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| HLTH FAM PR-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 50.00       | 0.00     | 50.00    |
| HLTH FML AF-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 250.00      | 0.00     | 250.00   |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| IPFPA 457 P-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 50.00       | 0.00     | 50.00    |
| PBPA LABOR -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| LOCAL 3405 -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 23.10       | 0.00     | 23.10    |
| NCPERS LIFE-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 48.00       | 0.00     | 48.00    |
| STANDARD -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 162.44      | 0.00     | 162.44   |
| AFLAC-PRETX-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 71.70       | 0.00     | 71.70    |
| AFLAC-TXBL -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| BAS 125 PLA-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| DENTAL PRE -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| DENTAL AFT -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 28.40       | 0.00     | 28.40    |
| GARN FEE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| PRINCIPAL -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 250.00      | 0.00     | 250.00   |
| I.M.R.F -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 2296.48  | 903.34      | 2296.48  | 903.34   |
| POL PENSION-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| ALLST-PRETA-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 19.64       | 0.00     | 19.64    |
| ALLST-TAXAB-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00     |
| VERIZON -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 25.00       | 0.00     | 25.00    |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 50.98       | 0.00     | 50.98    |
| LOAN PAYMEN-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 29.18       | 0.00     | 29.18    |
| REIMBURSE -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 25.00       | 0.00     | 25.00    |
| *TAXES*              | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE     | TAX                  | TAXABLE  | TAX         | TAXABLE  | TAX      |
| FEDERAL W/H-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 19337.54 | 2195.73     | 19337.54 | 2195.73  |
| STATE W/H -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 19337.54 | 718.44      | 19337.54 | 718.44   |
| FICA -               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 20540.88 | 1273.53     | 20540.88 | 1273.53  |
| MEDICARE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 20540.88 | 297.84      | 20540.88 | 297.84   |
| EIC CREDIT -         |            | 0.00                 |            | 0.00                 |             | 0.00                 |          | 0.00        |          | 0.00     |

## DEPARTMENT TOTALS

DEPARTMENT: 10 -13

PUBLIC WORKS

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |             | 4TH - QUARTER TOTALS |             | ** TOTAL ** |             |          |
|----------------------|------------|----------------------|------------|----------------------|-------------|----------------------|-------------|-------------|-------------|----------|
| NBR CHECKS           | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 30 CHECK(S) | 30 CHECK(S)          | 30 CHECK(S) | 30 CHECK(S) | 30 CHECK(S) |          |
| NET                  | 0.00       | 0.00                 | 0.00       | 0.00                 | 50113.08    | 50113.08             | 50113.08    | 50113.08    | 50113.08    |          |
| *EARNINGS*           |            |                      |            |                      |             |                      |             |             |             |          |
| GROSS                | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS       | AMOUNT               | HOURS       | AMOUNT      | HOURS       | AMOUNT   |
| SALARY               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 2513.15     | 69891.82    | 2513.15     | 69891.82 |
| OVERTIME PA-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 8.50        | 337.60      | 8.50        | 337.60   |
| CALL OUT             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 108.00      | 4326.99     | 108.00      | 4326.99  |
| RANK DIFF            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 120.50      | 66.88       | 120.50      | 66.88    |
| CDL LIC              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 120.00      | 60.00       | 120.00      | 60.00    |
| *DEDUCTIONS*         |            |                      |            |                      |             |                      |             |             |             |          |
| COLONIAL IN          | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER    | DEDUCT               | EMPLOYER    | DEDUCT      | EMPLOYER    | DEDUCT   |
| IPFFA 457 P-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 31.50       | 0.00        | 31.50    |
| STANDARD             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 100.00      | 0.00        | 100.00   |
| AFLAC-PRETX-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 334.04      | 0.00        | 334.04   |
| AFLAC-TXBL           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 62.27       | 0.00        | 62.27    |
| CHILD SUPPT-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 235.56      | 0.00        | 235.56   |
| GARN FEE             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 762.20      | 0.00        | 762.20   |
| PRINCIPAL            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 0.00        | 0.00        | 0.00     |
| I.M.R.F              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 130.00      | 0.00        | 130.00   |
| VOL ADD CON-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 8543.77     | 3360.73     | 8543.77     | 3360.73  |
| ALLST-PRETA-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 393.38      | 0.00        | 393.38   |
| ALLST-TAXAB-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 0.00        | 0.00        | 0.00     |
| VERIZON              | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 35.16       | 0.00        | 35.16    |
| 2%-LABOR             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 10.00       | 0.00        | 10.00    |
| OPTUM ADD            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 606.45      | 0.00        | 606.45   |
| REIMBURSE            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00        | 0.00        | 0.00        | 0.00     |
| *TAXES*              |            |                      |            |                      |             |                      |             |             |             |          |
| FEDERAL W/H-         | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE     | TAX                  | TAXABLE     | TAX         | TAXABLE     | TAX      |
| STATE W/H            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 71030.29    | 10151.56    | 71030.29    | 10151.56 |
| FICA                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 71030.29    | 2648.84     | 71030.29    | 2648.84  |
| MEDICARE             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 74621.02    | 4626.50     | 74621.02    | 4626.50  |
| EIC CREDIT           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 74621.02    | 1082.02     | 74621.02    | 1082.02  |
|                      |            | 0.00                 |            | 0.00                 |             | 0.00                 |             | 0.00        |             | 0.00     |

## D E P A R T M E N T   T O T A L S

DEPARTMENT: 10 -14

SANITATION/INSPECTIO

|              | 1ST - QUARTER TOTALS |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |        | ** TOTAL ** |        |
|--------------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|--------|-------------|--------|
| NBR CHECKS - | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)  |        |
| NET -        |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00   |             | 0.00   |
|              |                      |        |                      |        |                      |        |                      |        |             |        |
| *EARNINGS*   | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS       | AMOUNT |
| GROSS -      |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00   |             | 0.00   |
|              |                      |        |                      |        |                      |        |                      |        |             |        |
| *DEDUCTIONS* | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER    | DEDUCT |
|              |                      |        |                      |        |                      |        |                      |        |             |        |
| *TAXES*      | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE     | TAX    |
| FEDERAL W/H  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00        | 0.00   |
| STATE W/H -  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00        | 0.00   |
| FICA -       | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00        | 0.00   |
| MEDICARE -   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00        | 0.00   |
| EIC CREDIT - |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00   |             | 0.00   |

| D E P A R T M E N T   T O T A L S            |   |            |                      |            |                      |            |                      |            |             |            |
|--|---|------------|----------------------|------------|----------------------|------------|----------------------|------------|-------------|------------|
| DEPARTMENT: 10 -23      SUMMER PART-TIME HEL |   |            |                      |            |                      |            |                      |            |             |            |
| 1ST - QUARTER TOTALS                         |   |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |            | 4TH - QUARTER TOTALS |            | ** TOTAL ** |            |
| NBR CHECKS                                   | - | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)  | 0 CHECK(S) |
| NET  | - | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |
|  |   |            |                      |            |                      |            |                      |            |             |            |
| *EARNINGS*                                   |   | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT      | HOURS      |
| GROSS  | - |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 0.00        |            |
|  |   |            |                      |            |                      |            |                      |            |             |            |
| *DEDUCTIONS*                                 |   | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT      | EMPLOYER   |
| *TAXES*                                      |   | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX         | TAXABLE    |
| FEDERAL W/H                                  |   | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |
| STATE W/H                                    | - | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |
| FICA   | - | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |
| MEDICARE                                     | - | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |
| EIC CREDIT                                   | - |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 0.00        |            |

## DEPARTMENT TOTALS

DEPARTMENT: 15 -01

CINEMA

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |             | 4TH - QUARTER TOTALS |          | ** TOTAL ** |          |         |
|----------------------|------------|----------------------|------------|----------------------|-------------|----------------------|----------|-------------|----------|---------|
| NBR CHECKS -         | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 18 CHECK(S) | 18 CHECK(S)          |          |             |          |         |
| NET -                | 0.00       | 0.00                 | 0.00       | 0.00                 | 4923.14     | 4923.14              |          |             |          |         |
| *EARNINGS*           | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS       | AMOUNT               | HOURS    | AMOUNT      | HOURS    | AMOUNT  |
| GROSS -              |            | 0.00                 |            | 0.00                 |             | 0.00                 |          | 6261.91     |          | 6261.91 |
| SALARY -             | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 173.34   | 3077.85     | 173.34   | 3077.85 |
| HOURLY PAY -         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 376.43   | 3184.06     | 376.43   | 3184.06 |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER    | DEDUCT               | EMPLOYER | DEDUCT      | EMPLOYER | DEDUCT  |
| OPTUM FUNDI          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| HLTH SNG PR-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 25.00       | 0.00     | 25.00   |
| HLTH SNG AF-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| STANDARD -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 0.00     | 0.00        | 0.00     | 0.00    |
| I.M.R.F -            | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 352.11   | 138.50      | 352.11   | 138.50  |
| *TAXES*              | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE     | TAX                  | TAXABLE  | TAX         | TAXABLE  | TAX     |
| FEDERAL W/H-         | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 6098.41  | 486.26      | 6098.41  | 486.26  |
| STATE W/H -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 6098.41  | 211.88      | 6098.41  | 211.88  |
| FICA -               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 6236.91  | 386.70      | 6236.91  | 386.70  |
| MEDICARE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00        | 0.00                 | 6236.91  | 90.43       | 6236.91  | 90.43   |
| EIC CREDIT -         |            | 0.00                 |            | 0.00                 |             | 0.00                 |          | 0.00        |          | 0.00    |



## D E P A R T M E N T   T O T A L S

DEPARTMENT: 30 -36

MOTOR FUEL FUND PROJ

| 1ST - QUARTER TOTALS |            | 2ND - QUARTER TOTALS |            | 3RD - QUARTER TOTALS |            | 4TH - QUARTER TOTALS |            | ** TOTAL ** |            |        |
|----------------------|------------|----------------------|------------|----------------------|------------|----------------------|------------|-------------|------------|--------|
| NBR CHECKS -         | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)           | 0 CHECK(S) | 0 CHECK(S)  | 0 CHECK(S) |        |
| NET -                | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       |        |
|                      |            |                      |            |                      |            |                      |            |             |            |        |
| *EARNINGS*           | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT               | HOURS      | AMOUNT      | HOURS      | AMOUNT |
| GROSS -              |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 0.00        |            | 0.00   |
|                      |            |                      |            |                      |            |                      |            |             |            |        |
| *DEDUCTIONS*         | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT               | EMPLOYER   | DEDUCT      | EMPLOYER   | DEDUCT |
|                      |            |                      |            |                      |            |                      |            |             |            |        |
| *TAXES*              | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX                  | TAXABLE    | TAX         | TAXABLE    | TAX    |
| FEDERAL W/H          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00   |
| STATE W/H -          | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00   |
| FICA -               | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00   |
| MEDICARE -           | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00                 | 0.00       | 0.00        | 0.00       | 0.00   |
| EIC CREDIT -         |            | 0.00                 |            | 0.00                 |            | 0.00                 |            | 0.00        |            | 0.00   |

## DEPARTMENT TOTALS

DEPARTMENT: 70 -55

PAYROLL

|              |  | 1ST - QUARTER TOTALS |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |          | ** TOTAL ** |          |
|--------------|--|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|----------|-------------|----------|
| NBR CHECKS - |  | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 28 CHECK(S)          |          | 28 CHECK(S) |          |
| NET -        |  | 0.00                 |        | 0.00                 |        | 0.00                 |        | 55280.55             |          | 55280.55    |          |
| *EARNINGS*   |  | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT   | HOURS       | AMOUNT   |
| GROSS -      |  |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 83205.81 |             | 83205.81 |
| SALARY -     |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 2166.52              | 74446.24 | 2166.52     | 74446.24 |
| OVERTIME PA- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 117.00               | 5232.48  | 117.00      | 5232.48  |
| HOLIDAY -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 40.00                | 1766.28  | 40.00       | 1766.28  |
| RANK DIFF -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 156.00               | 321.64   | 156.00      | 321.64   |
| SHIF/DIFF2 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 258.00               | 103.20   | 258.00      | 103.20   |
| SHIF/DIFF3 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 306.00               | 229.51   | 306.00      | 229.51   |
| SUN PREM -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 144.00               | 188.16   | 144.00      | 188.16   |
| LIC CERT -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 768.30   | 0.00        | 768.30   |
| DECLINE -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 150.00   | 0.00        | 150.00   |
| *DEDUCTIONS* |  | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT   | EMPLOYER    | DEDUCT   |
| OPTUM FUNDI  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| H.S.A -      |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| HLTH FAM PR- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1000.00  | 0.00        | 1000.00  |
| HLTH SNG PR- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 175.00   | 0.00        | 175.00   |
| HLTH SNG AF- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| HLTH FML AF- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| LOAN PAYMEN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 187.19   | 0.00        | 187.19   |
| LOAN PAYMEN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 44.38    | 0.00        | 44.38    |
| COLONIAL IN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| IPFFA 457 P- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 300.00   | 0.00        | 300.00   |
| NCPERS LIFE- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 80.00    | 0.00        | 80.00    |
| STANDARD -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 237.28   | 0.00        | 237.28   |
| DENTAL PRE - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 140.60   | 0.00        | 140.60   |
| DENTAL AFT - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| CHILD SUPPT- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 410.04   | 0.00        | 410.04   |
| CHAPTER 13 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| GARN FEE -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| CHAPTER 13 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 297.50   | 0.00        | 297.50   |
| PRIN 457% -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 168.85   | 0.00        | 168.85   |
| LOAN PYMT -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1.81     | 0.00        | 1.81     |
| PRINCIPAL -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 103.29   | 0.00        | 103.29   |
| MISC -       |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| I.M.R.F -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 9518.74              | 3744.26  | 9518.74     | 3744.26  |
| VOL ADD CON- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 236.39   | 0.00        | 236.39   |
| ALLST-PRETA- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| ALLST-TAXAB- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| VERIZON -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 52.50    | 0.00        | 52.50    |
| MELLON ADD - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00     | 0.00        | 0.00     |
| REIMBURSE -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 405.00   | 0.00        | 405.00   |
| *TAXES*      |  | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX    | TAXABLE              | TAX      | TAXABLE     | TAX      |
| FEDERAL W/H- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 77573.81             | 11217.83 | 77573.81    | 11217.83 |
| STATE W/H -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 77573.81             | 2858.70  | 77573.81    | 2858.70  |
| FICA -       |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 81890.21             | 5077.21  | 81890.21    | 5077.21  |
| MEDICARE -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 81890.21             | 1187.43  | 81890.21    | 1187.43  |
| EIC CREDIT - |  |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 0.00     |             | 0.00     |

## DEPARTMENT TOTALS

DEPARTMENT: 71 -30

INDUSTRIAL PRETREATM

|              |          | 1ST - QUARTER TOTALS |          | 2ND - QUARTER TOTALS |          | 3RD - QUARTER TOTALS |          | 4TH - QUARTER TOTALS |          | ** TOTAL ** |  |
|--------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|-------------|--|
|              |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 0 CHECK(S)           |          | 1 CHECK(S)           |          | 1 CHECK(S)  |  |
| NBR CHECKS - |          |                      |          |                      |          |                      |          |                      |          |             |  |
| NET -        |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 1665.20              |          | 1665.20     |  |
| *EARNINGS*   |          |                      |          |                      |          |                      |          |                      |          |             |  |
| GROSS -      | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT               | HOURS    | AMOUNT      |  |
| SALARY -     |          | 0.00                 |          | 0.00                 |          | 0.00                 | 86.66    | 2689.67              | 86.66    | 2689.67     |  |
| LIC CERT -   |          | 0.00                 |          | 0.00                 |          | 0.00                 | 0.00     | 48.23                | 0.00     | 48.23       |  |
| NO PAY -     |          | 0.00                 |          | 0.00                 |          | 0.00                 | 0.37     | 11.33-               | 0.37     | 11.33-      |  |
| *DEDUCTIONS* |          |                      |          |                      |          |                      |          |                      |          |             |  |
| OPTUM FUNDI  | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT               | EMPLOYER | DEDUCT      |  |
| HLTH FAM PR- |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |  |
| HLTH SNG PR- |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 25.00                |          | 25.00       |  |
| IPFFA 457 P- |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 200.00               |          | 200.00      |  |
| I.M.R.F -    |          | 0.00                 |          | 0.00                 |          | 0.00                 | 307.70   | 121.04               | 307.70   | 121.04      |  |
| *TAXES*      |          |                      |          |                      |          |                      |          |                      |          |             |  |
| FEDERAL W/H- | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX                  | TAXABLE  | TAX         |  |
| STATE W/H -  |          | 0.00                 |          | 0.00                 |          | 0.00                 | 2343.63  | 386.69               | 2343.63  | 386.69      |  |
| FICA -       |          | 0.00                 |          | 0.00                 |          | 0.00                 | 2664.67  | 165.21               | 2664.67  | 165.21      |  |
| MEDICARE -   |          | 0.00                 |          | 0.00                 |          | 0.00                 | 2664.67  | 38.64                | 2664.67  | 38.64       |  |
| EIC CREDIT - |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00                 |          | 0.00        |  |

## REPORT TOTALS

|              |  | 1ST - QUARTER TOTALS |        | 2ND - QUARTER TOTALS |        | 3RD - QUARTER TOTALS |        | 4TH - QUARTER TOTALS |           | ** TOTAL **  |           |
|--------------|--|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|-----------|--------------|-----------|
| NBR CHECKS - |  | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 0 CHECK(S)           |        | 252 CHECK(S)         |           | 252 CHECK(S) |           |
| NET -        |  | 0.00                 |        | 0.00                 |        | 0.00                 |        | 422247.49            |           | 422247.49    |           |
| *EARNINGS*   |  | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT | HOURS                | AMOUNT    | HOURS        | AMOUNT    |
| GROSS -      |  |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      | 638744.12 |              | 638744.12 |
| SALARY -     |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 19194.37             | 569166.26 | 19194.37     | 569166.26 |
| HOURLY PAY - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 573.43               | 5723.31   | 573.43       | 5723.31   |
| SHORT/CHG -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 48.00                | 1420.19   | 48.00        | 1420.19   |
| REIM OT -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 48.00                | 2413.55   | 48.00        | 2413.55   |
| TIF ADMIN -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 500.00    | 0.00         | 500.00    |
| OVERTIME PA- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 169.00               | 7621.19   | 169.00       | 7621.19   |
| COURT TIME - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 10.00                | 661.31    | 10.00        | 661.31    |
| CALL OUT -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 170.00               | 6986.15   | 170.00       | 6986.15   |
| C O R -      |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 122.00               | 4880.00   | 122.00       | 4880.00   |
| HOLIDAY -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 590.00               | 25646.97  | 590.00       | 25646.97  |
| RANK DIFF -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 1416.50              | 2715.68   | 1416.50      | 2715.68   |
| SHIF/DIFF2 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 258.00               | 103.20    | 258.00       | 103.20    |
| SHIF/DIFF3 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 306.00               | 229.51    | 306.00       | 229.51    |
| CDL LIC -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 120.00               | 60.00     | 120.00       | 60.00     |
| DISPATCH 2 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 292.00               | 292.00    | 292.00       | 292.00    |
| SUN PREM -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 144.00               | 188.16    | 144.00       | 188.16    |
| SHIF/DIFF3 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 1095.00              | 711.75    | 1095.00      | 711.75    |
| LIC CERT -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 816.53    | 0.00         | 816.53    |
| WC ED -      |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 387.50    | 0.00         | 387.50    |
| INJURED -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 262.94-   | 0.00         | 262.94-   |
| EMA COOR -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 500.00    | 0.00         | 500.00    |
| AUX COOR -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 100.00    | 0.00         | 100.00    |
| DECLINE -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1950.00   | 0.00         | 1950.00   |
| EXP ALLOW -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1325.00   | 0.00         | 1325.00   |
| NO PAY -     |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.37                 | 11.33-    | 0.37         | 11.33-    |
| LIEU OF -    |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 24.00                | 514.92    | 24.00        | 514.92    |
| CEU HOURS -  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 106.00               | 4105.21   | 106.00       | 4105.21   |
| *DEDUCTIONS* |  | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT | EMPLOYER             | DEDUCT    | EMPLOYER     | DEDUCT    |
| UMB FUNDING  |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00         | 0.00      |
| OPTUM FUNDI- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00         | 0.00      |
| H.S.A -      |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00      | 0.00         | 0.00      |
| HLTH FAM PR- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 3700.00   | 0.00         | 3700.00   |
| HLTH SNG PR- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 525.00    | 0.00         | 525.00    |
| HLTH SNG AF- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 100.00    | 0.00         | 100.00    |
| HLTH FML AF- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 500.00    | 0.00         | 500.00    |
| PBPA CHIEF - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 60.00     | 0.00         | 60.00     |
| LOAN PAYMEN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1903.75   | 0.00         | 1903.75   |
| LOAN PAYMEN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 545.81    | 0.00         | 545.81    |
| LOAN PAYMEN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 344.22    | 0.00         | 344.22    |
| COLONIAL IN- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 67.85     | 0.00         | 67.85     |
| IPPFA 457 P- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 6759.28   | 0.00         | 6759.28   |
| PBPA LABOR - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 2565.00   | 0.00         | 2565.00   |
| FIRE LOC 25- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 3537.54   | 0.00         | 3537.54   |
| LOCAL 3405 - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 44.10     | 0.00         | 44.10     |
| NCPERS LIFE- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 256.00    | 0.00         | 256.00    |
| STANDARD -   |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1725.12   | 0.00         | 1725.12   |
| AFLAC-PRETX- |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 418.43    | 0.00         | 418.43    |
| AFLAC-TXBL - |  | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 0.00   | 0.00                 | 1696.40   | 0.00         | 1696.40   |

PAYROLL NO#: 01 - City of Granite City

SORTED BY DEPARTMENT

DATE: 11/16/2015 THRU 11/30/2015

|              |         |      |         |      |         |      |           |          |           |          |
|--------------|---------|------|---------|------|---------|------|-----------|----------|-----------|----------|
| BAS 125 PLA- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 125.00   | 0.00      | 125.00   |
| POLICE/FIRE- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 1034.48  | 0.00      | 1034.48  |
| DENTAL PRE - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 598.09   | 0.00      | 598.09   |
| DENTAL AFT - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 89.85    | 0.00      | 89.85    |
| 253 FIRE PA- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 192.70   | 0.00      | 192.70   |
| ADD FIRE PA- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 40.50    | 0.00      | 40.50    |
| CHILD SUPPT- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 3965.25  | 0.00      | 3965.25  |
| DIVERS 457%- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 1791.36  | 0.00      | 1791.36  |
| CHAPTER 13 - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| GARNISHMENT- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| GARN FEE -   | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 5.90     | 0.00      | 5.90     |
| GARNISHMENT- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| CHAPTER 13 - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 297.50   | 0.00      | 297.50   |
| GARNISHMENT- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 220.06   | 0.00      | 220.06   |
| GARNISHMENT- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 74.40    | 0.00      | 74.40    |
| PRIN 457% -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 168.85   | 0.00      | 168.85   |
| PRIN LOAN -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 336.81   | 0.00      | 336.81   |
| LOAN PYMT -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 82.41    | 0.00      | 82.41    |
| PRINCIPAL -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 1693.29  | 0.00      | 1693.29  |
| MISC -       | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| I.M.R.F -    | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 29591.35  | 11639.99 | 29591.35  | 11639.99 |
| POL PENSION- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 16632.09 | 0.00      | 16632.09 |
| FIRE PENSIO- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 14986.19 | 0.00      | 14986.19 |
| VOL ADD CON- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 629.77   | 0.00      | 629.77   |
| HSA FUND -   | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| ALLST-PRETA- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 82.20    | 0.00      | 82.20    |
| ALLST-TAXAB- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 37.61    | 0.00      | 37.61    |
| VERIZON -    | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 502.50   | 0.00      | 502.50   |
| 2%-LABOR -   | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 606.45   | 0.00      | 606.45   |
| MELLON ADD - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 284.64   | 0.00      | 284.64   |
| MELLON ADD - | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| OPTUM ADD -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| LOAN PAYMEN- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 50.98    | 0.00      | 50.98    |
| LOAN PAYMEN- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 299.60   | 0.00      | 299.60   |
| REIMBURSE -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 430.00   | 0.00      | 430.00   |
| UMB ADDITIO- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
| UMB ADD PRE- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 0.00      | 0.00     | 0.00      | 0.00     |
|              |         |      |         |      |         |      |           |          |           |          |
| *TAXES*      | TAXABLE | TAX  | TAXABLE | TAX  | TAXABLE | TAX  | TAXABLE   | TAX      | TAXABLE   | TAX      |
| FEDERAL W/H- | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 594325.90 | 87369.52 | 594325.90 | 87369.52 |
| STATE W/H -  | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 594325.90 | 22053.73 | 594325.90 | 22053.73 |
| FICA -       | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 265539.33 | 16463.50 | 265539.33 | 16463.50 |
| MEDICARE -   | 0.00    | 0.00 | 0.00    | 0.00 | 0.00    | 0.00 | 618130.64 | 8962.91  | 618130.64 | 8962.91  |
| EIC CREDIT - |         | 0.00 |         | 0.00 |         | 0.00 |           | 0.00     |           | 0.00     |

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SELECTION CRITERIA  
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|                  |                            |                   |         |
|------------------|----------------------------|-------------------|---------|
| PAYROLL NUMBER:  | 01-City of Granite City    | TOTAL PAGE ONLY:  | YES     |
| SEQUENCE:        | Department                 | DETAIL RECORDS    | NO      |
| EMPLOYEE NUMBER: | 0000 THRU 9999             | QUARTERLY TOTALS: | NO      |
| REPORT DATES:    | 11/16/2015 THRU 11/30/2015 | CHECK TYPE:       | Both    |
| DEPT NUMBER:     | ALL                        | DIRECT DEPOSITS:  | Include |

  
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\*\* END OF REPORT \*\*